Amendments to the Drawings:

The attached drawings include 35 pages of new formal drawings.

Attachment: New Drawing Sheets.

APPROVED BY DRAFTSMAN | O.G. FIG. CLASS | SUBCLASS
OIPE JC19
NOV 17 2003
PATENT & TRADEMARK OFFICE

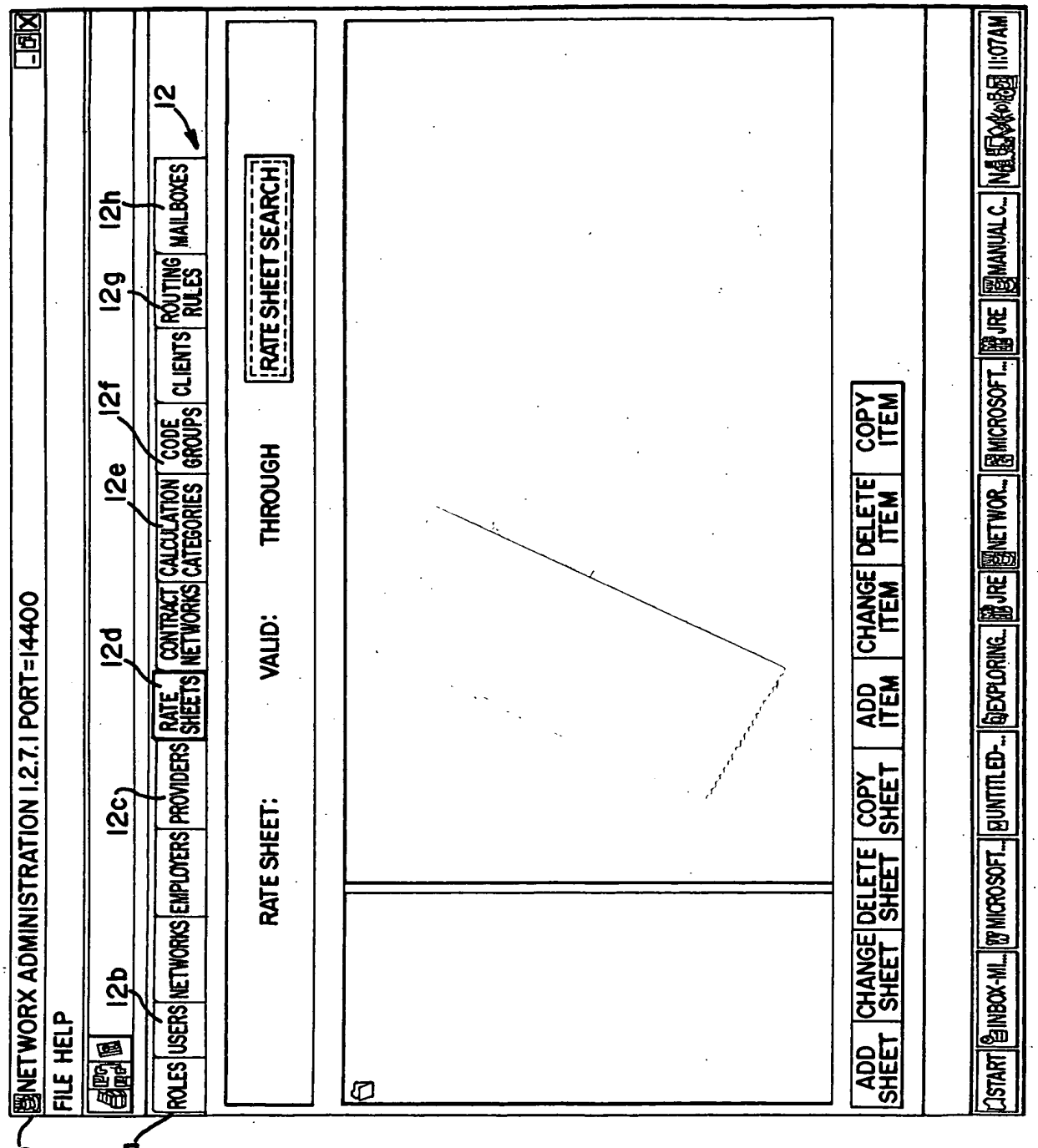


FIG. 1

APPROVED BY DRAFTSMAN | O.G. FIG. | CLASS | SUBCLASS
NOV 17 2003
PATENT & TRADEMARK OFFICE

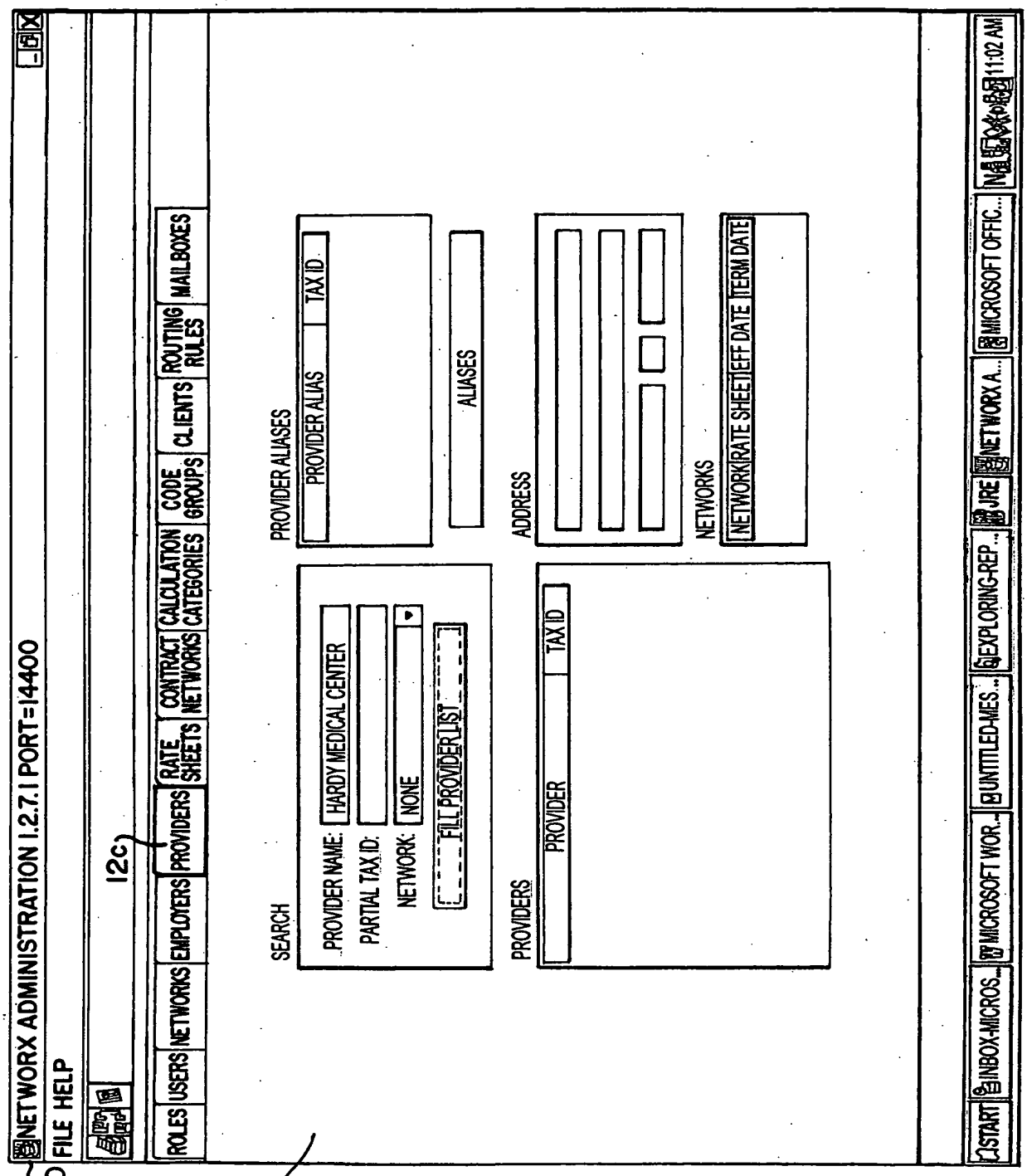


FIG. 2

APPROVED BY DRAFTSMAN | O.G. FIG. CLASS | SUBCLASS
OIPE
NOV 17 2003
PATENT & TRADEMARK OFFICE

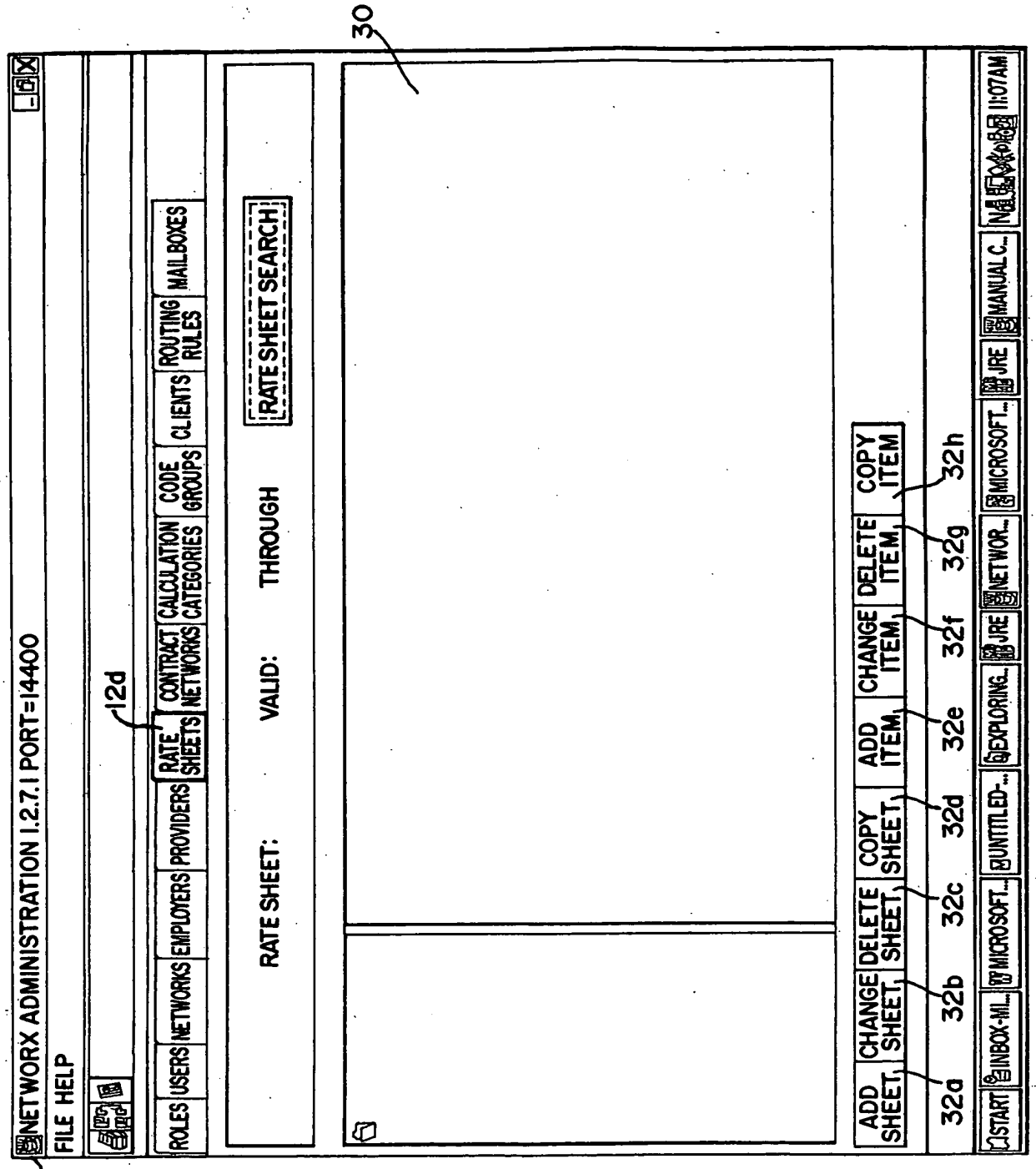
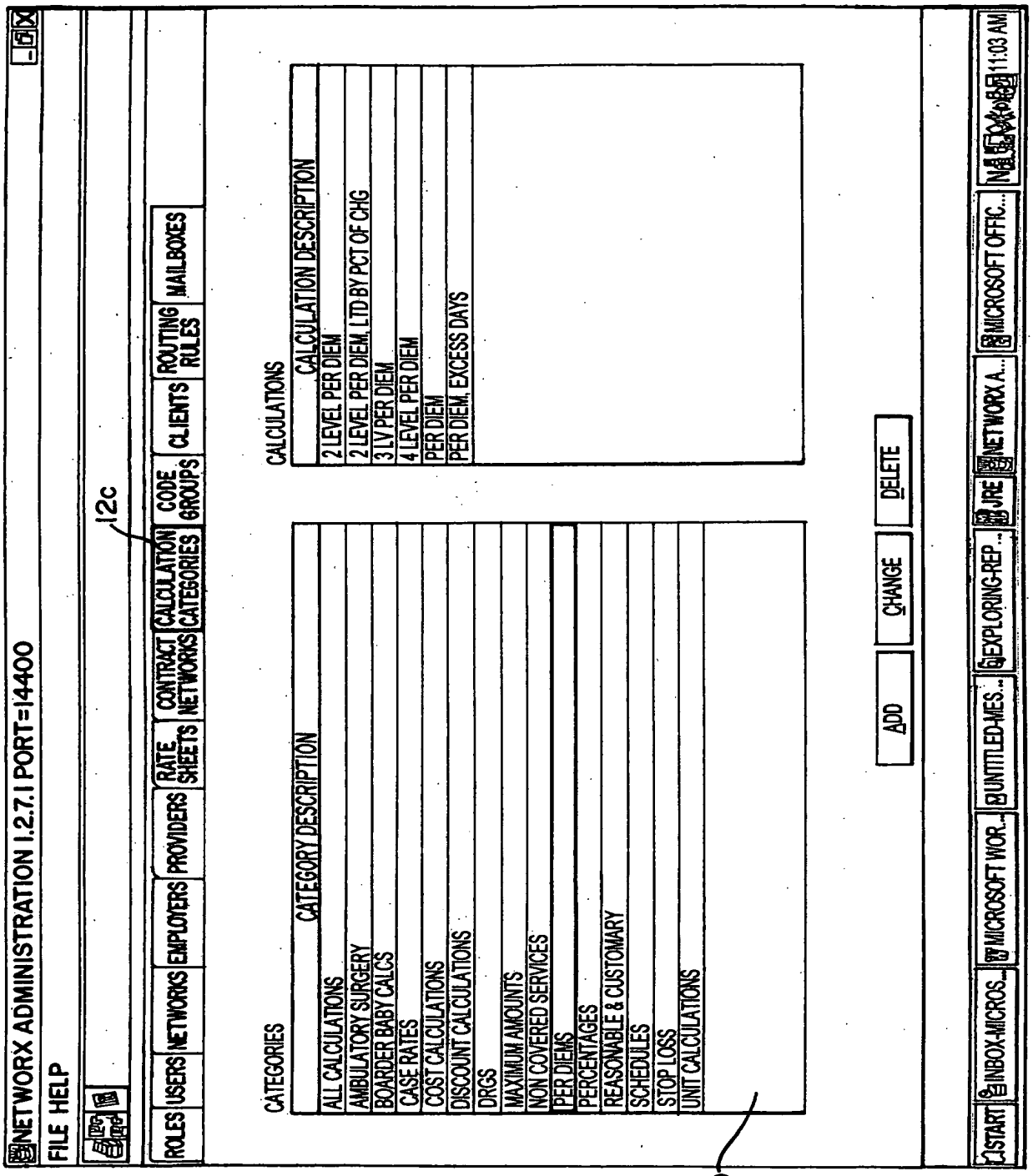


FIG. 3

APPROVED FOR CLASS SUBCLASS
DRAFTSMAN NOV 11 2003
PATENT & TRADEMARK OFFICE

FIG.4



APPROVED O.G. FIG.
BY PTO CLASS SUBCLASS
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

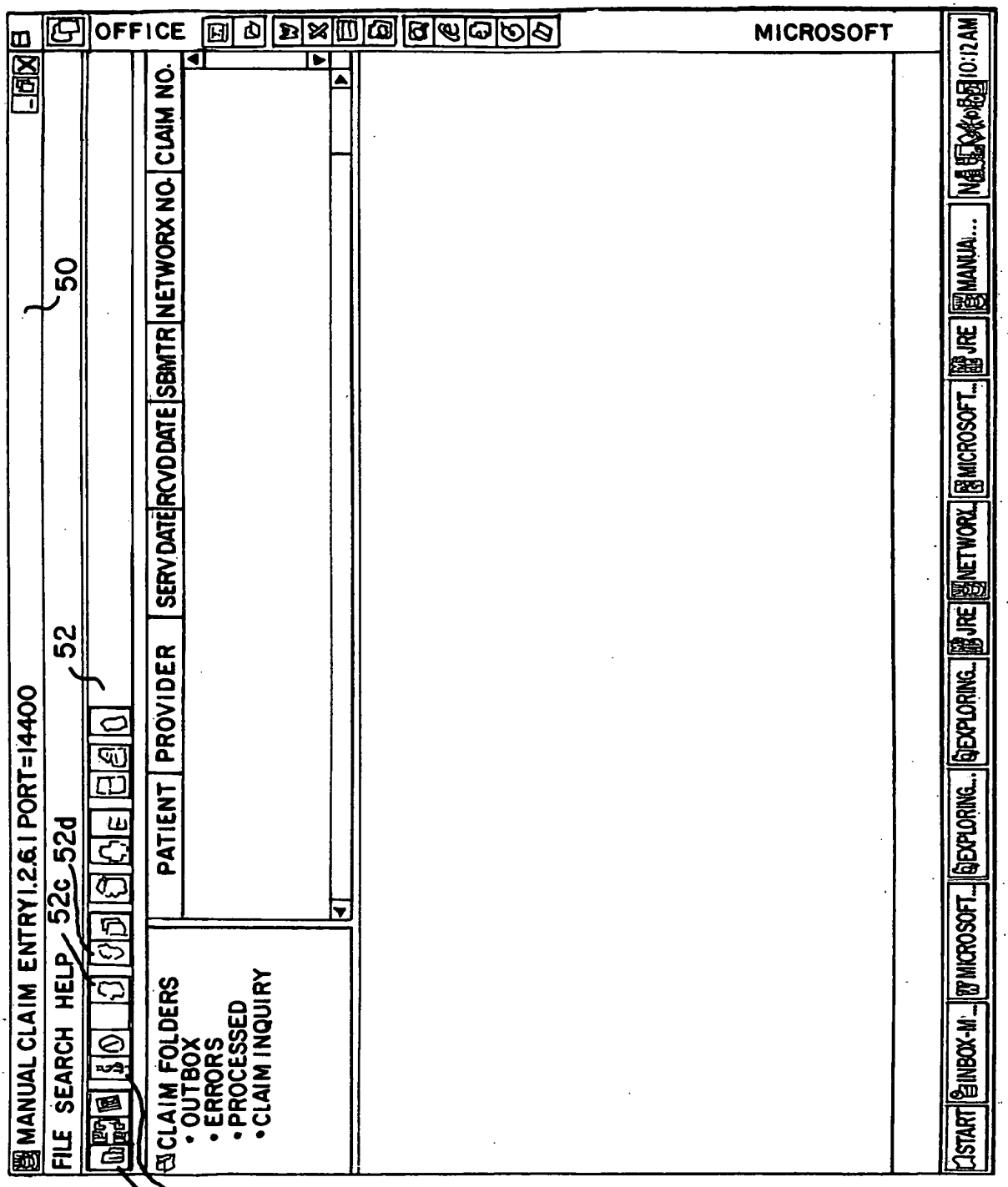


FIG. 5

BY DRAFTSMAN | CLASS | SUBCLASS

OIPE JC19
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG. 6a

MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400

FILE SEARCH HELP

CLAIM FOLDERS
- OUTBOX
- ERRORS
- PROCESSED
- CLAIM INQUIRY

PATIENT	PROVIDER	SERV DATE	RCVD DATE	SBMTR	NETWORX NO.	CLAIM NO.	ST

RECEIVED [/ /] CLAIM NO. [ ]

60

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP FECA OTHER 1a. INSURED'S I.D. NUMBER

2. PATIENT'S NAME (LAST, FIRST, MI) 3. PATIENT'S BIRTDATE SEX 4. INSURED'S NAME (LAST, FIRST, MI)

M F

5. PATIENT'S ADDRESS 6. PATIENT RELATIONSHIP TO ISURED 7. INSURED'S ADDRESS

SELF SPOUSE CHILD OTHER

8. PATIENT STATUS

ZIP CODE TELEPHONE SINGLE MARRIED OTHER ZIP CODE TELEPHONE

EMPLOYED F/T STUDENT P/T STUDENT

9. OTHER INSURED'S NAME (LAST, FIRST, MI) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY OR GROUP NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (CURRENT OR PREVIOUS) a. BIRTHDATE SEX

YES NO M F

b. BIRTHDATE SEX b. AUTO ACCIDENT PLACE (STATE) b. EMPLOYER'S NAME OR SCHOOL NAME

M F YES NO

c. EMPLOYER'S NAME OR SCHOOL NAME c. OTHER ACCIDENT? c. INSURANCE PLAN NAME OR PROGRAM NAME

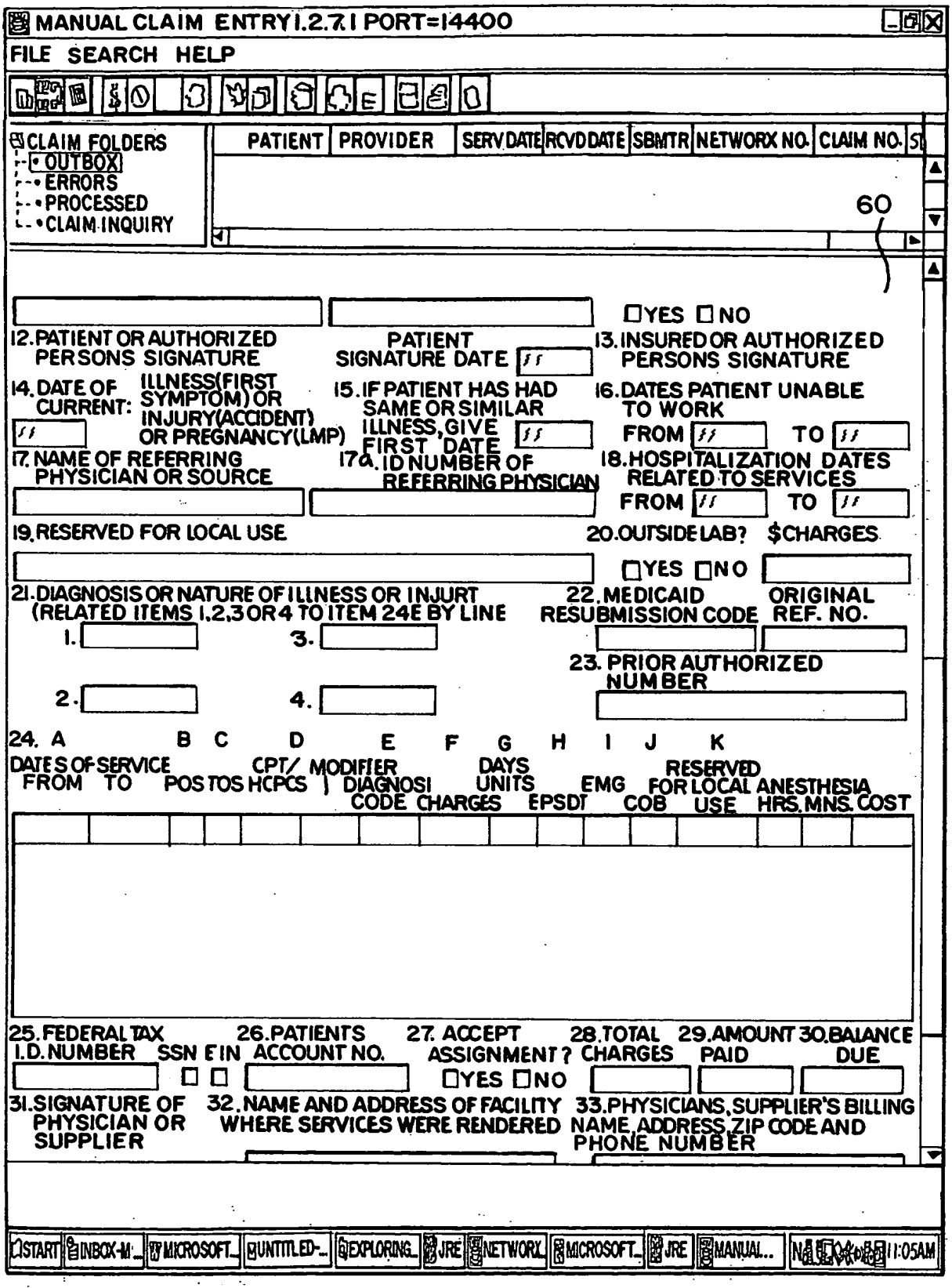
YES NO

d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR LOCAL USE d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

START | INBOX-M... | MICROSOFT... | UNTITLED-... | EXPLORING... | JRE | NETWORX... | MICROSOFT... | JRE | MANUA... | 10:12 AM

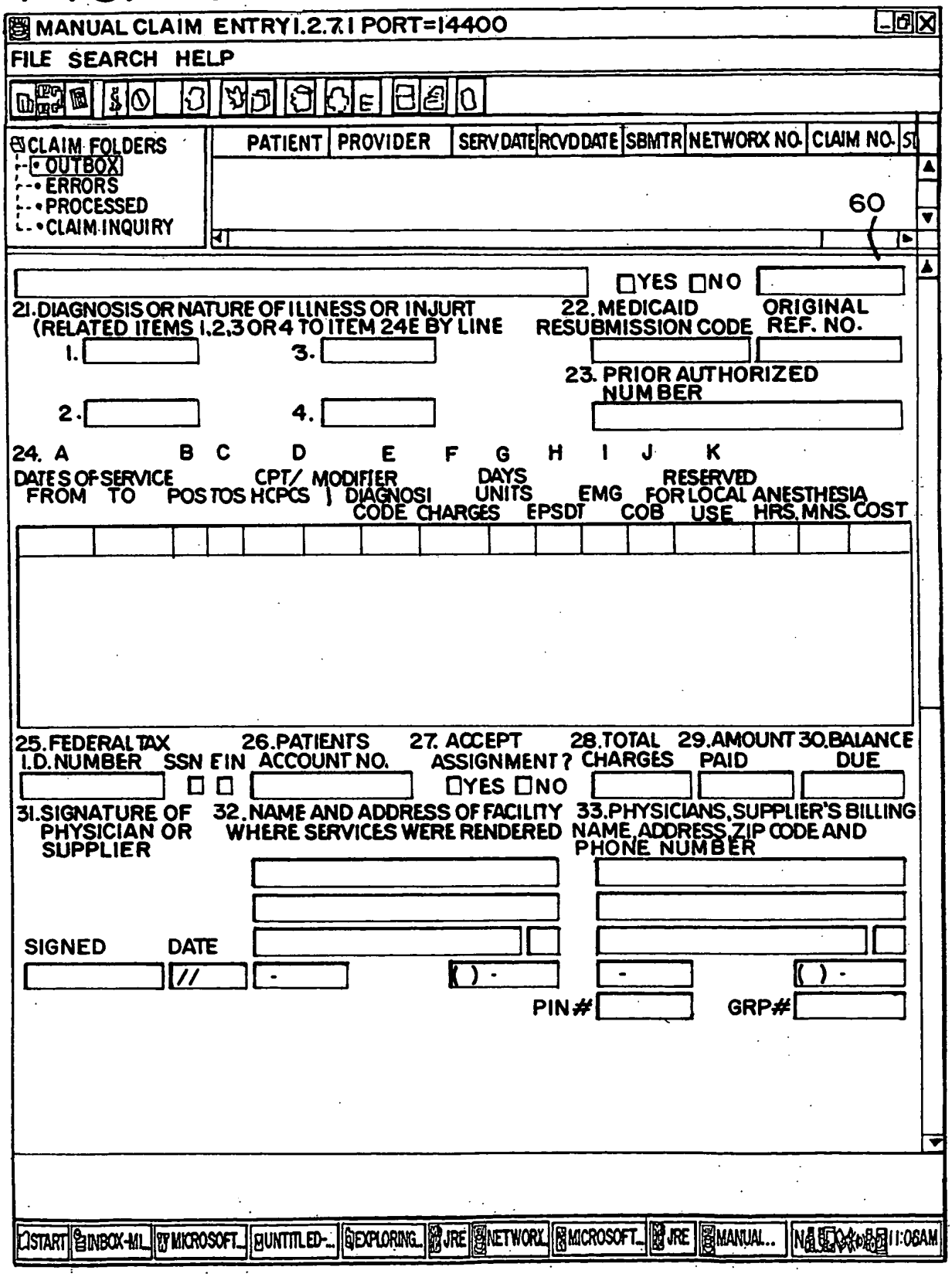
APPROVED O.G. FIG.
BY EXAMINER | CLASS | SUBCLASS
OIPE JC19
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG. 6b



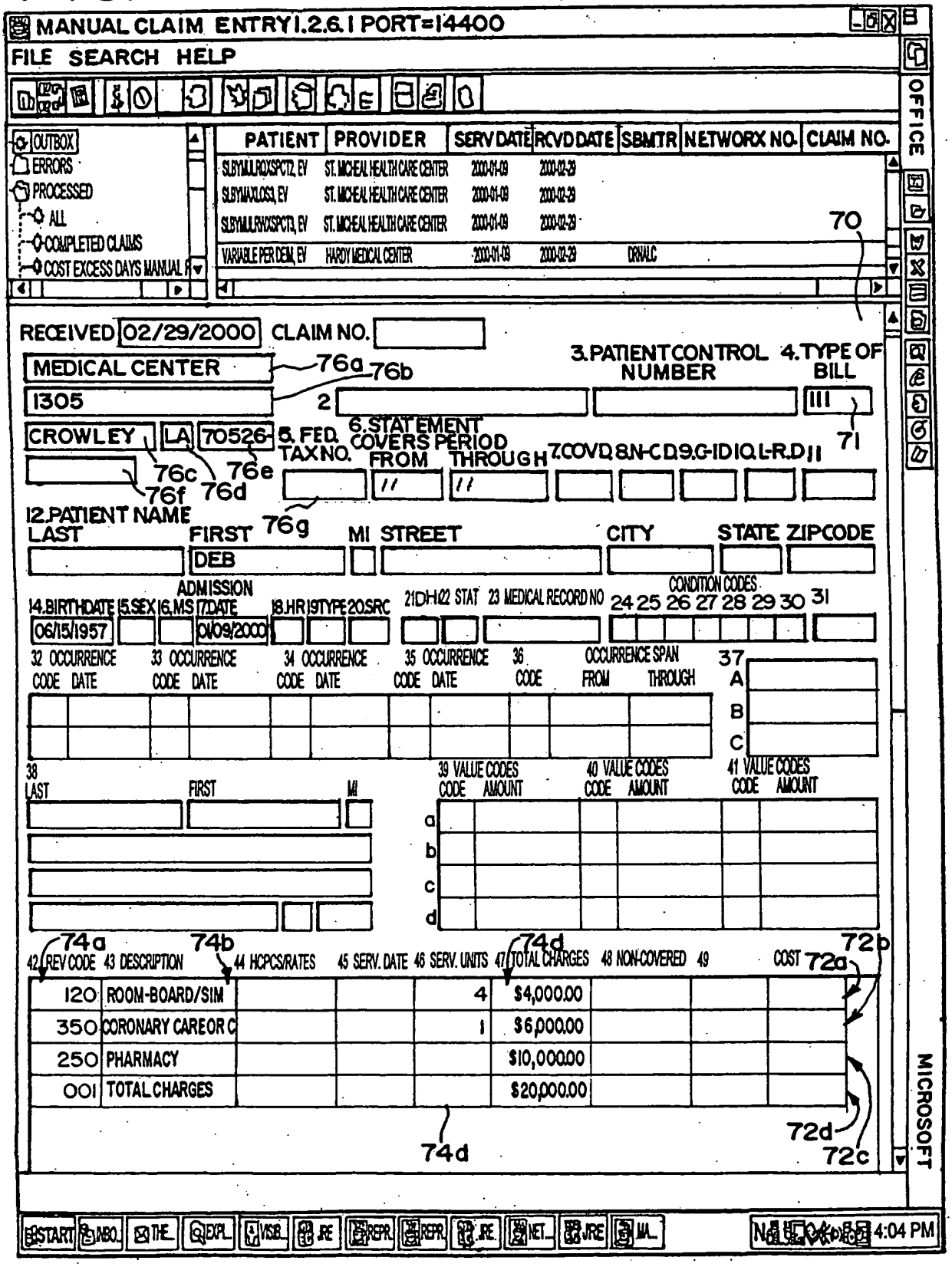
APPROVED O.G. FIG. CLASS SUBCLASS
BY DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG. 6c



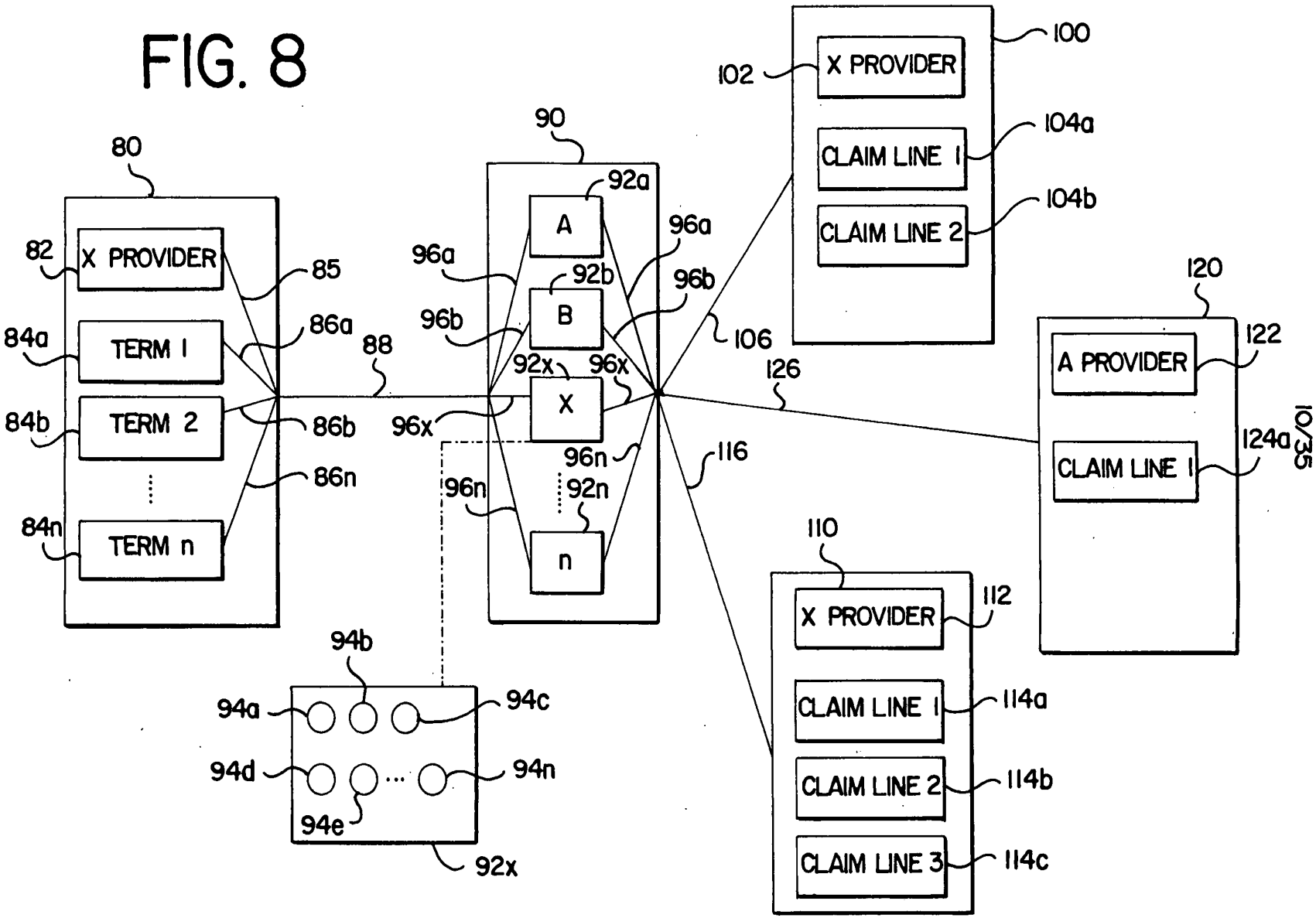
APPROVED O.G. FIG.
CLASS SUBCLASS
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG. 7



PATENT & TRADEMARK OFFICE
NOV 17 2003
OIPE
APPROVED
O.G. FIG.
CLASS SUBCLASS
DRAFTSMAN

FIG. 8



APPROVED O.G. FIG.
BY | CLASS | SUBCLASS
DRAFTSMAN

OIPE JC19
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG.9

140

PROVIDER CONTRACT

MEDICAL CENTER 11-9999999
EFFECTIVE 04/01/1999

HOSPITAL AGREES TO PROVIDER COVERED HOSPITAL SERVICES ON THE PAYMENT TERMS SET FORTH BELOW.

HOSPITAL AGGREES TO PROVIDE ALL COVERED INPATIENT AND OUTPATIENT SERVICES ACCORDING TO THE FOLLOWING ALL INCLUSIVE PER DIEM AND DISCOUNT ARRANGEMENTS:

$750.00 MEDICAL PER DIEM
$950.00 SURGICAL PER DIEM

NORMAL DELIVERY (MOTHER & BABY)
$1,400.00 1-2 DAY STAY CASE RATE
$450.00 EACH ADDITIONAL DAY

CESAREAN SECTION (MOTHER & BABY)
$2,800.00 1-2 DAY STAY CASE RATE
$500.00 EACH ADDITIONAL DAY

ALL OTHER COVERED IMPATIENT SERVICES: 15% DISCOUNT FROM BILLED CHARGES
OUTPATIENT SERVICES: 15% DISCOUNT FROM BILLED CHARGES

STOP LOSS: FOR ANY CASE IN WHICH CHARGES EXCEED $20,000.00, HOSPITAL WILL BE PAID 85% OF BILLED CHARGES.

APPROVED O.G. FIG.
BY CLASS SUBCLASS
DRAFTSMAN
OIPE
NOV 17 2003
PATENT & TRADEMARK OFFICE

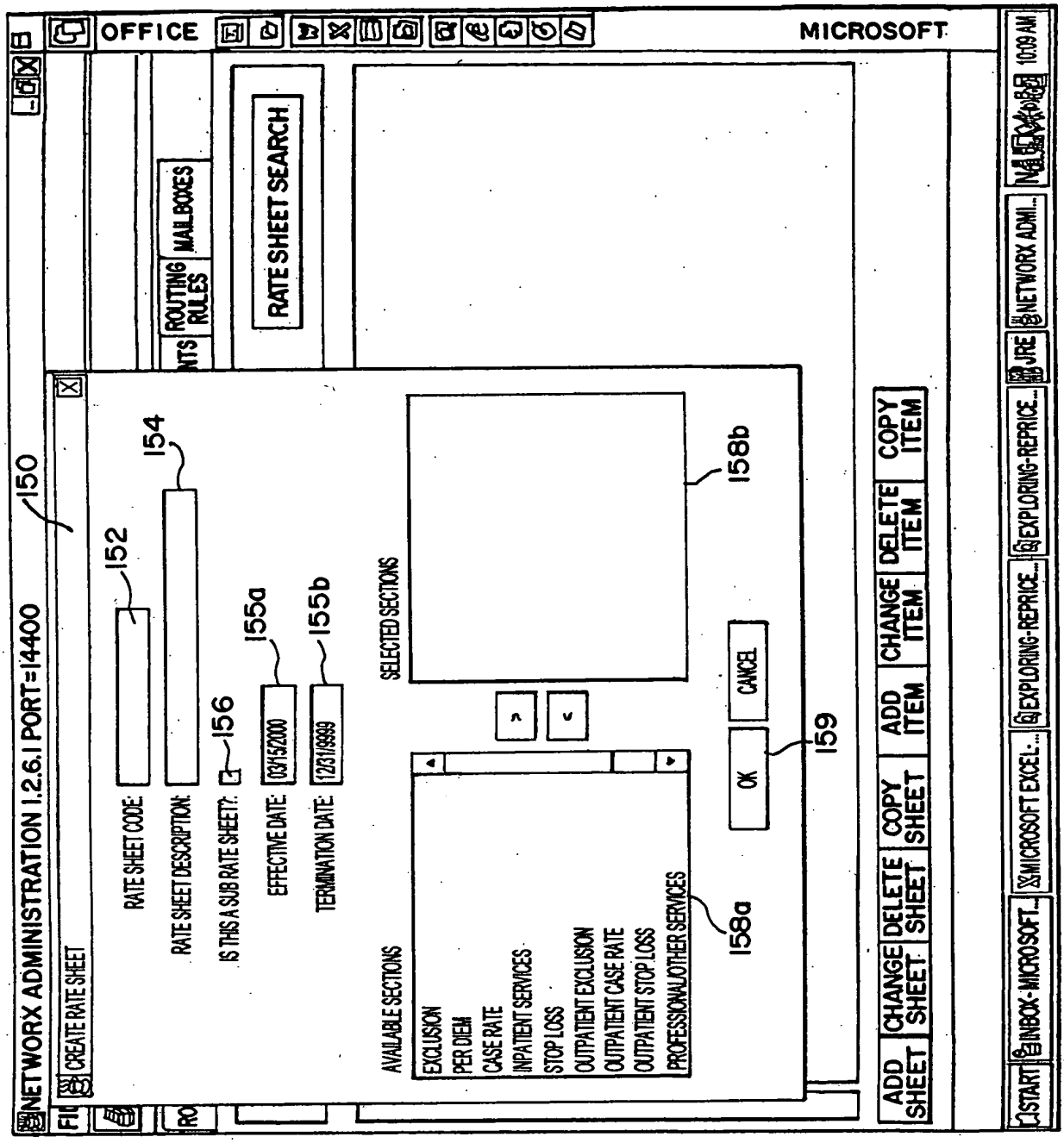


FIG. 10a

APPROVED O.G. FIG.
CLASS SUBCLASS
DRAFTSMAN
NOV. 17 2003
PATENT & TRADEMARK OFFICE

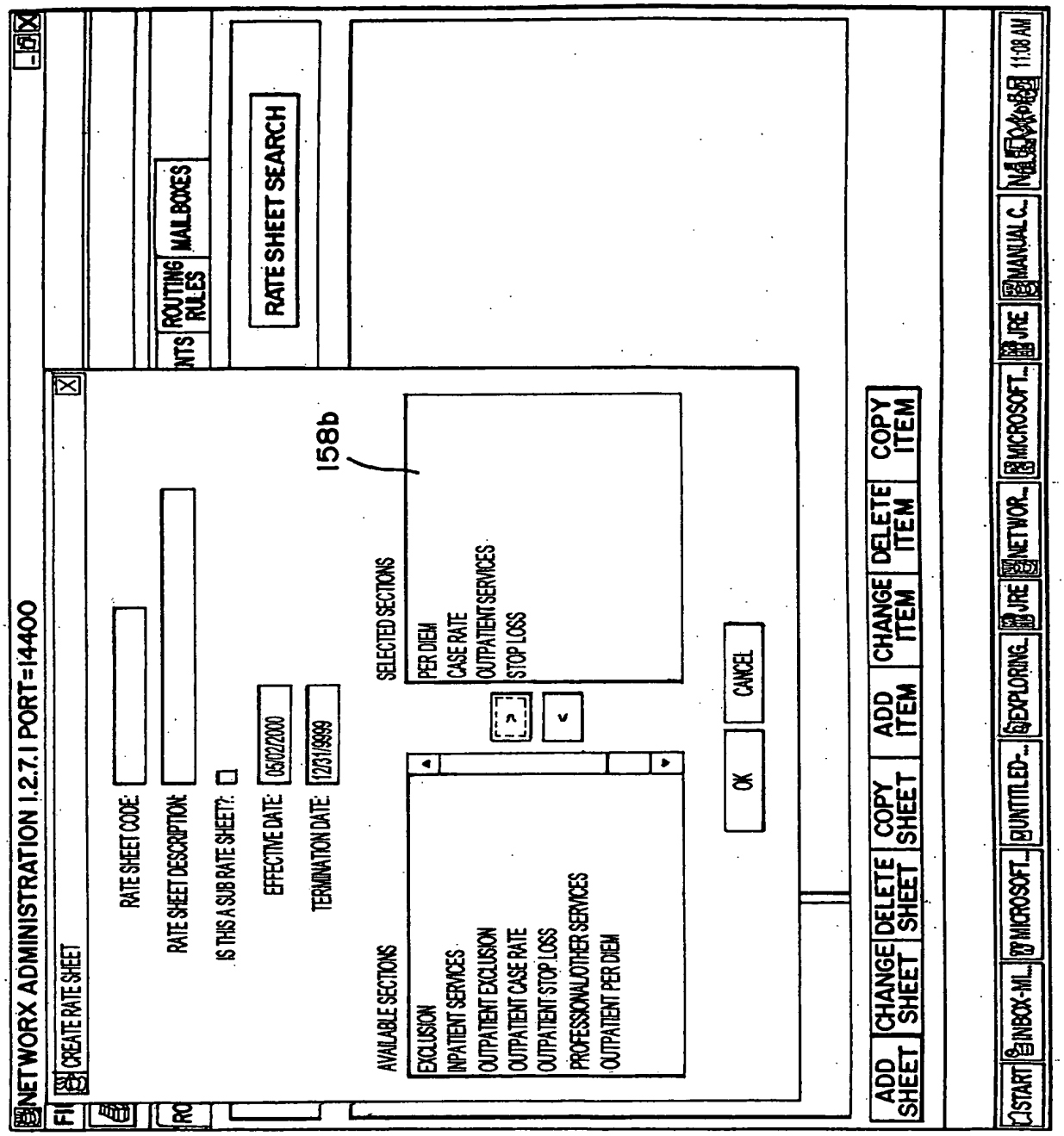
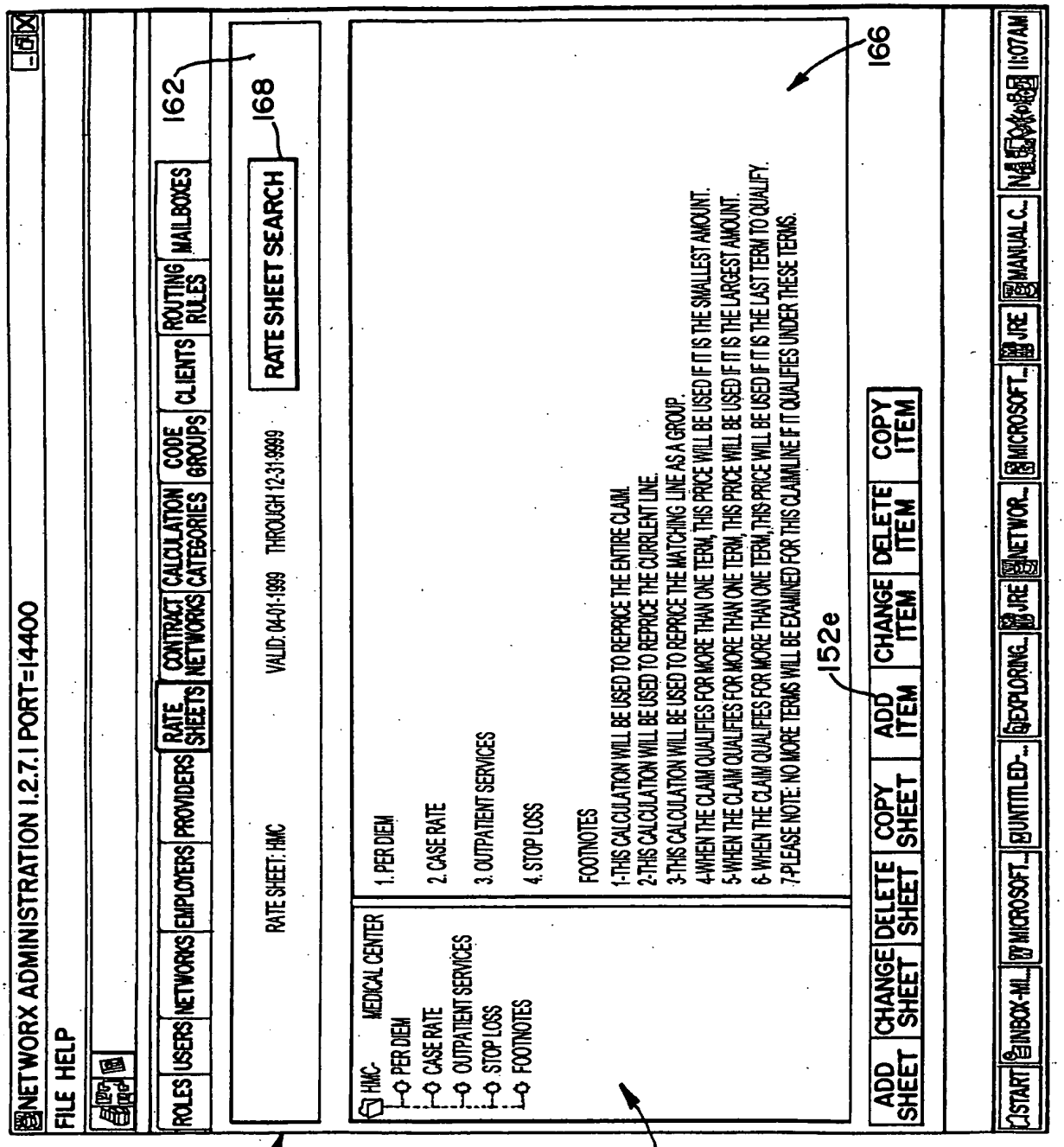


FIG.10b

APPROVED O.G. FIG.
BY
DRAFTSMAN
CLASS SUBCLASS
OIPE
NOV 17 2003
PATENT & TRADEMARK OFFICE
TC 1600

FIG. 11



APPROVED BY DRAFTSMAN
O.G. FIG.
CLASS SUBCLASS
OIPE
NOV 17 2003
PATENT & TRADEMARK OFFICE

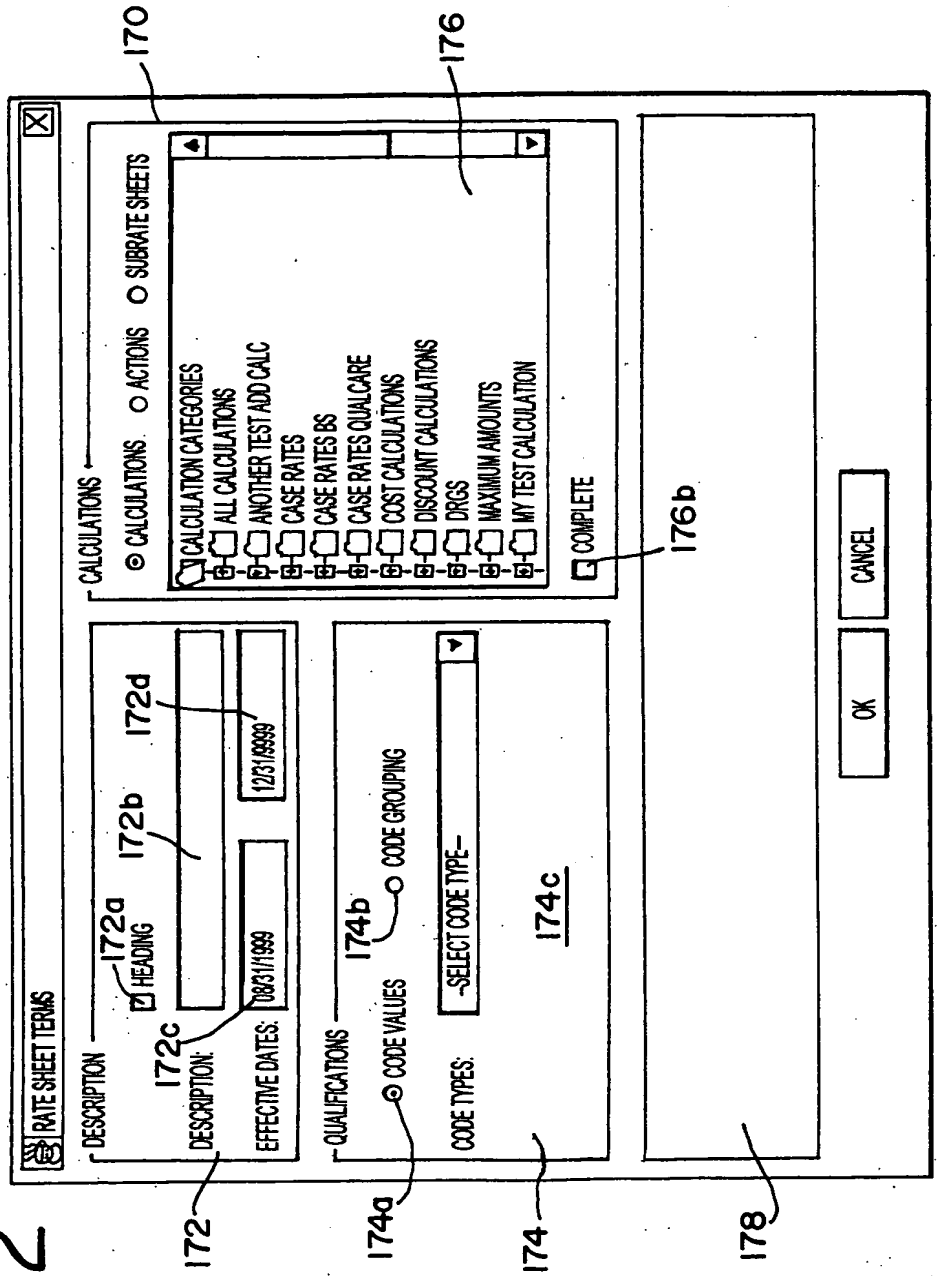


FIG. 12

APPROVED O.G. FIG.
BY CLASS SUBCLASS
DRAFTSMAN
OIPE
NOV 17 2003
PATENT & TRADEMARK OFFICE
TC 1600

FIG.12a

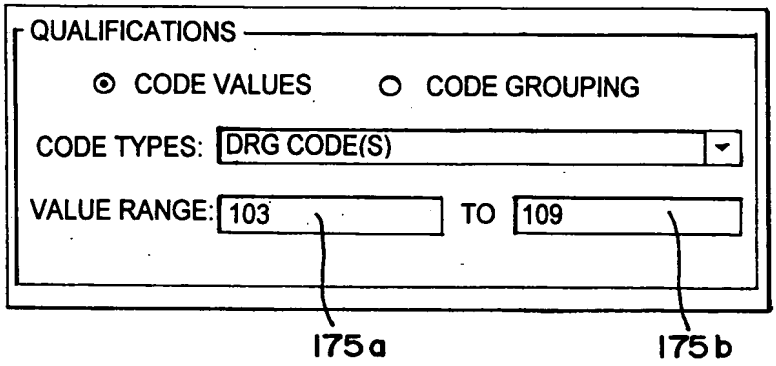
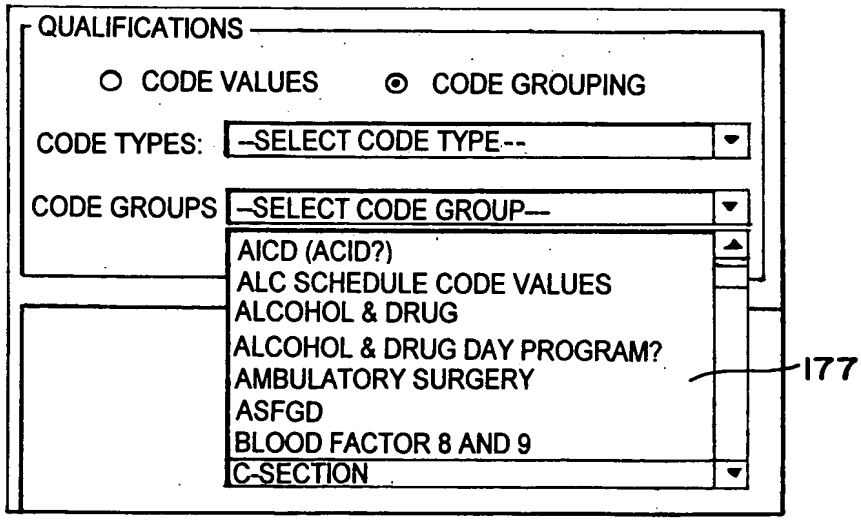
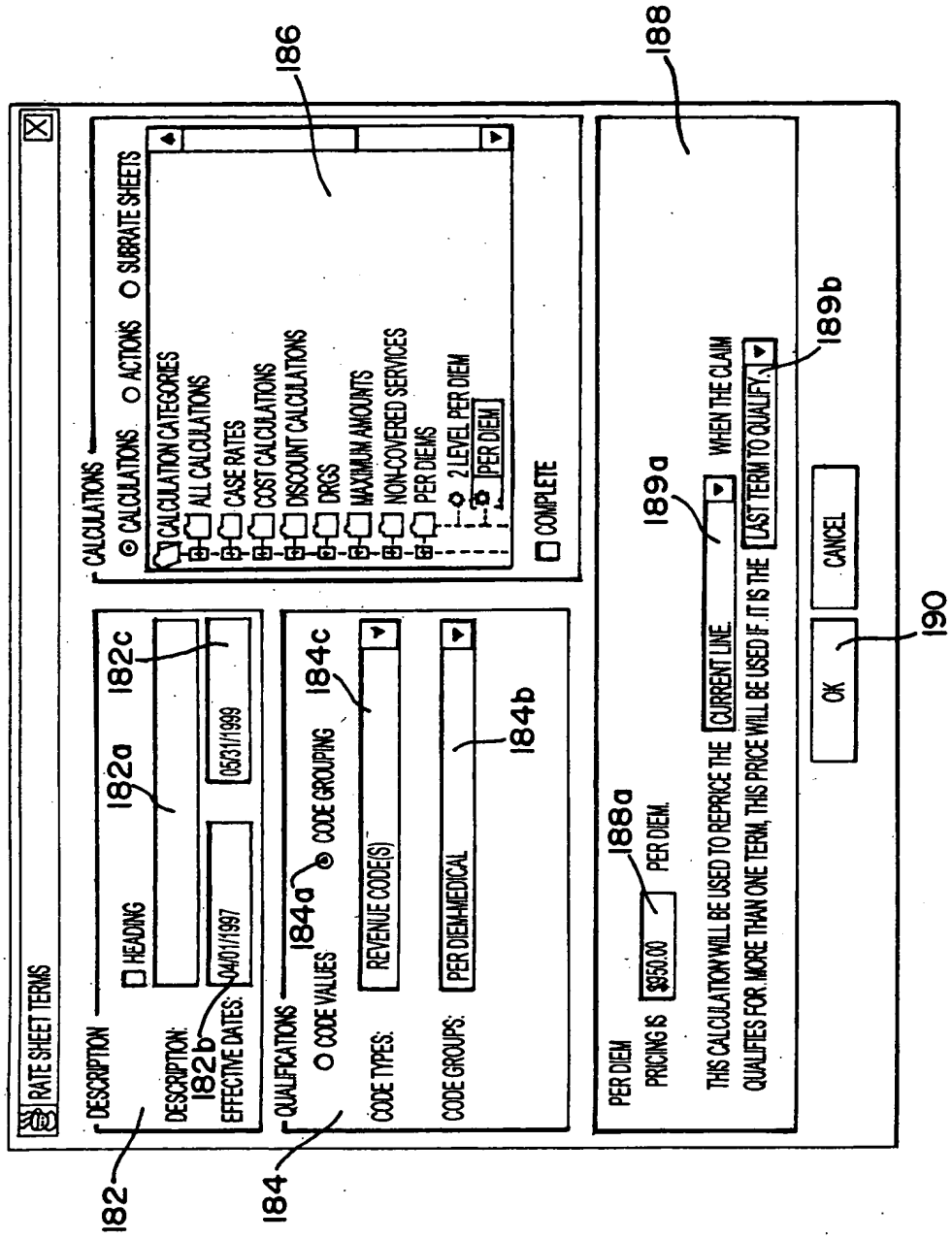


FIG.12b



APPROVED BY DRAFTSMAN
C.C. FIG.
CLASS SUBCLASS
OIPE
NOV 17 2003
JC19
PATENT & TRADEMARK OFFICE

FIG.13a



APPROVED O.G. FIG.
CLASS SUBCLASS
BY
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG.13b

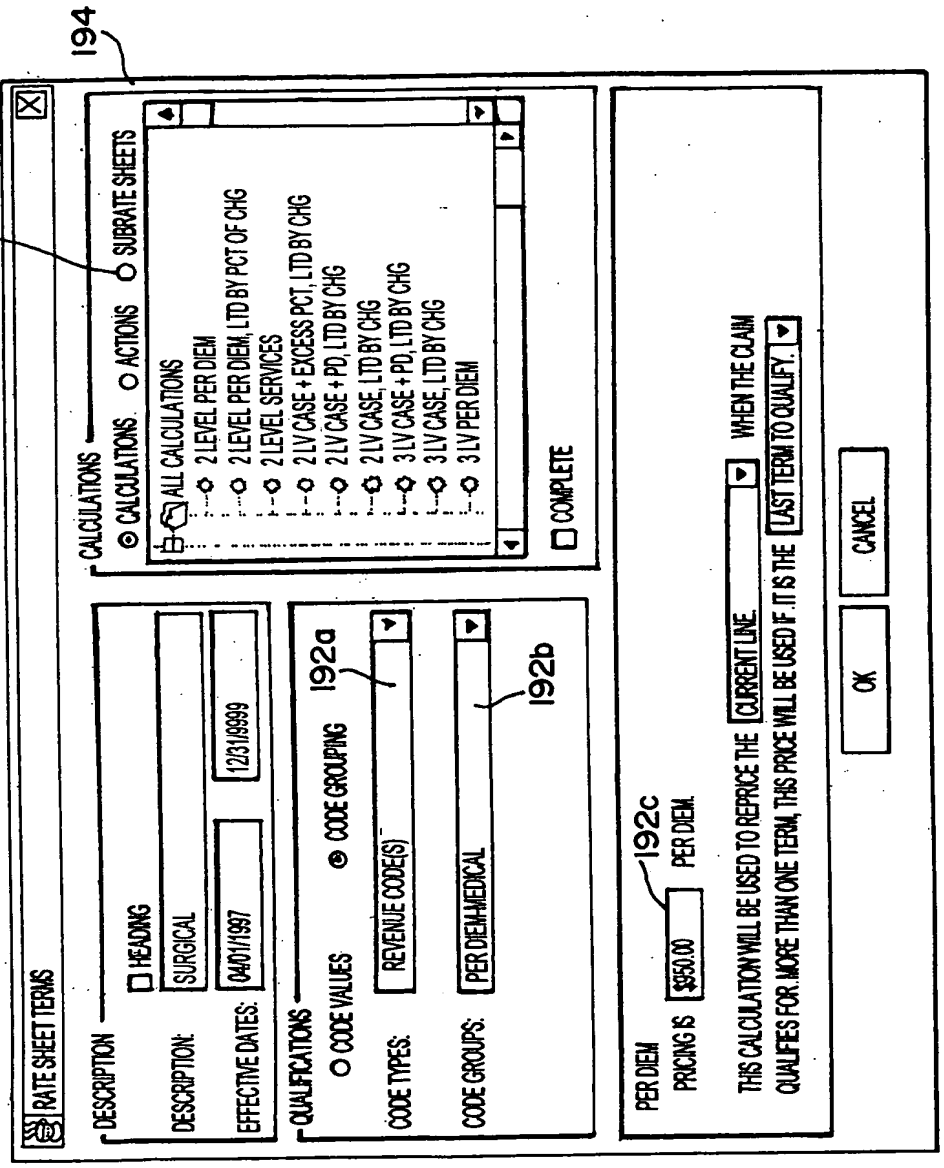
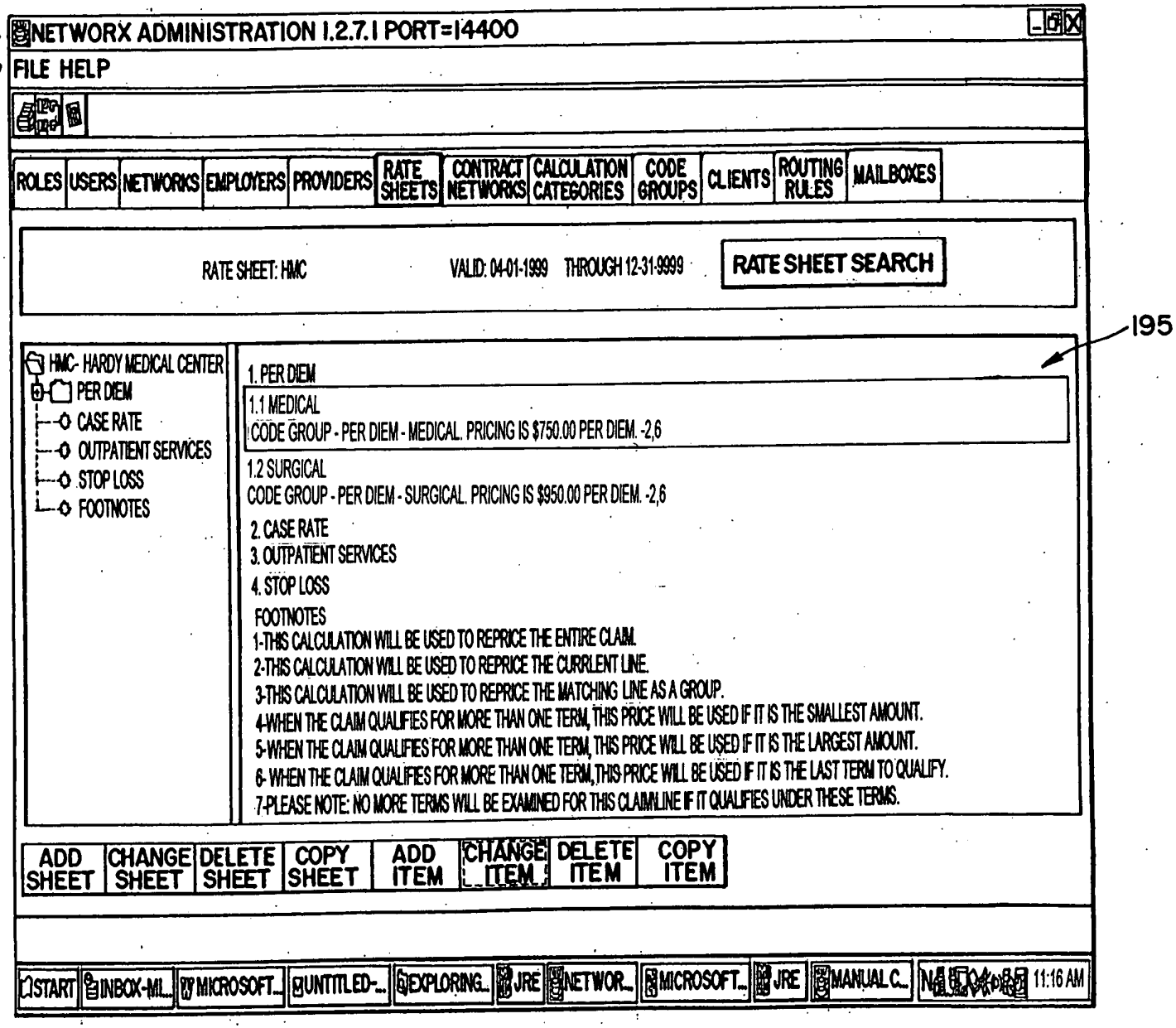


FIG.13C



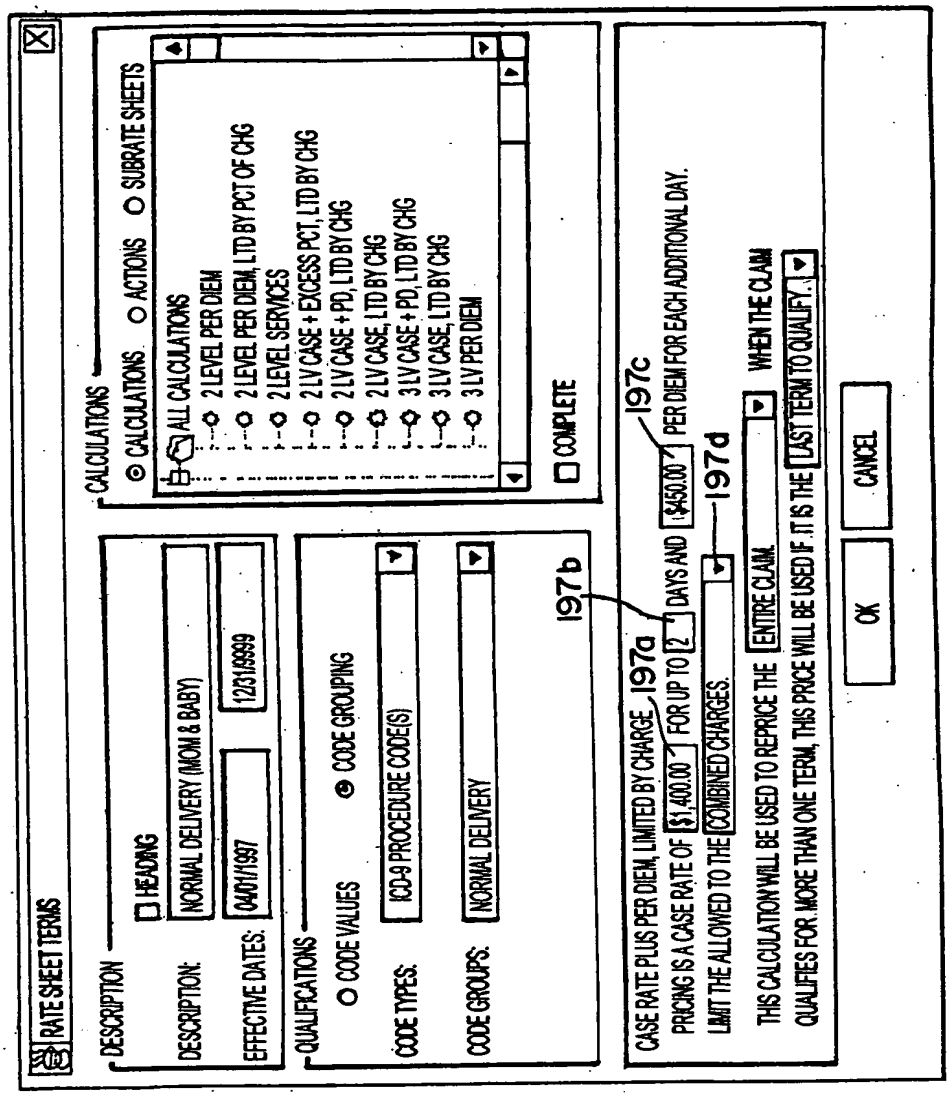
195

19/35

PATENT & TRADEMARK OFFICE
APPROVED FOR PUBLICATION
DRAWING
CLASS
SUBCLASS
FIG.

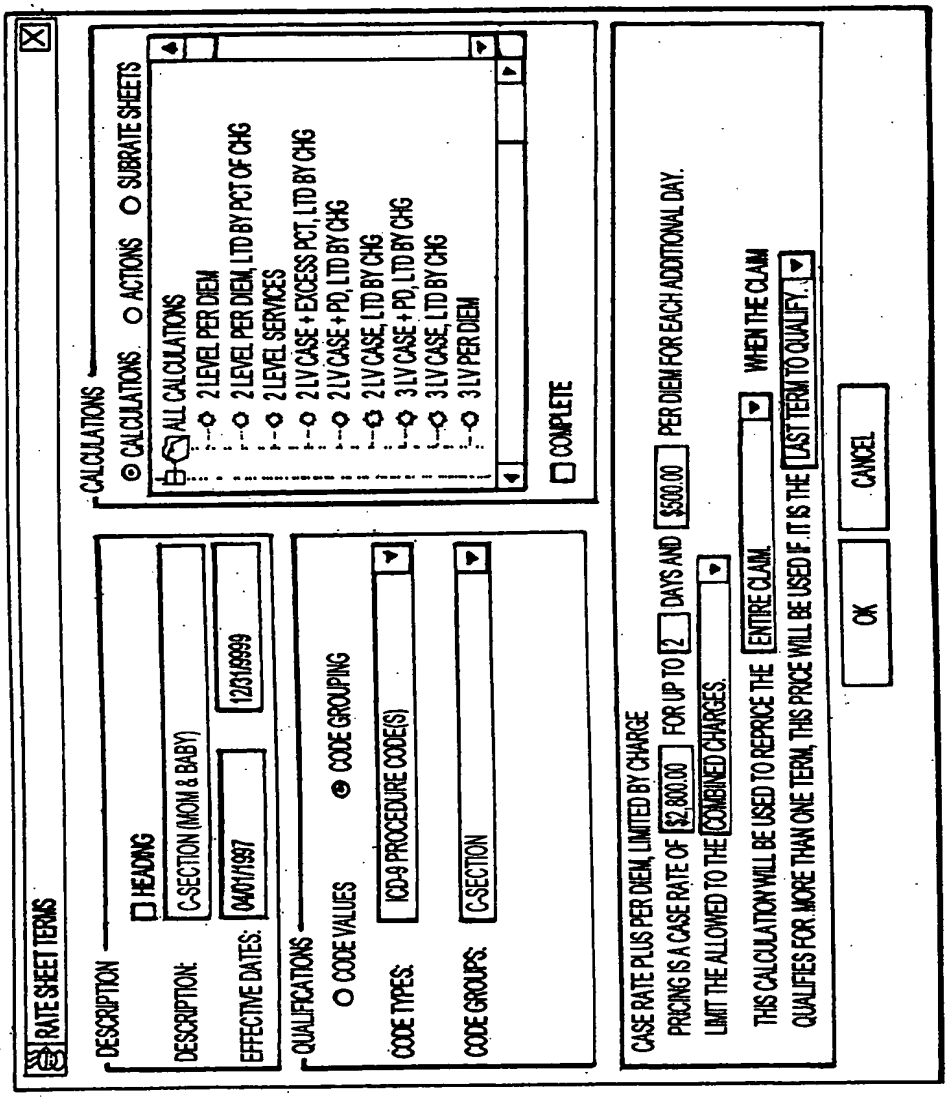
APPROVED O.G. FIG.
BY CLASS SUBCLASS
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG.14



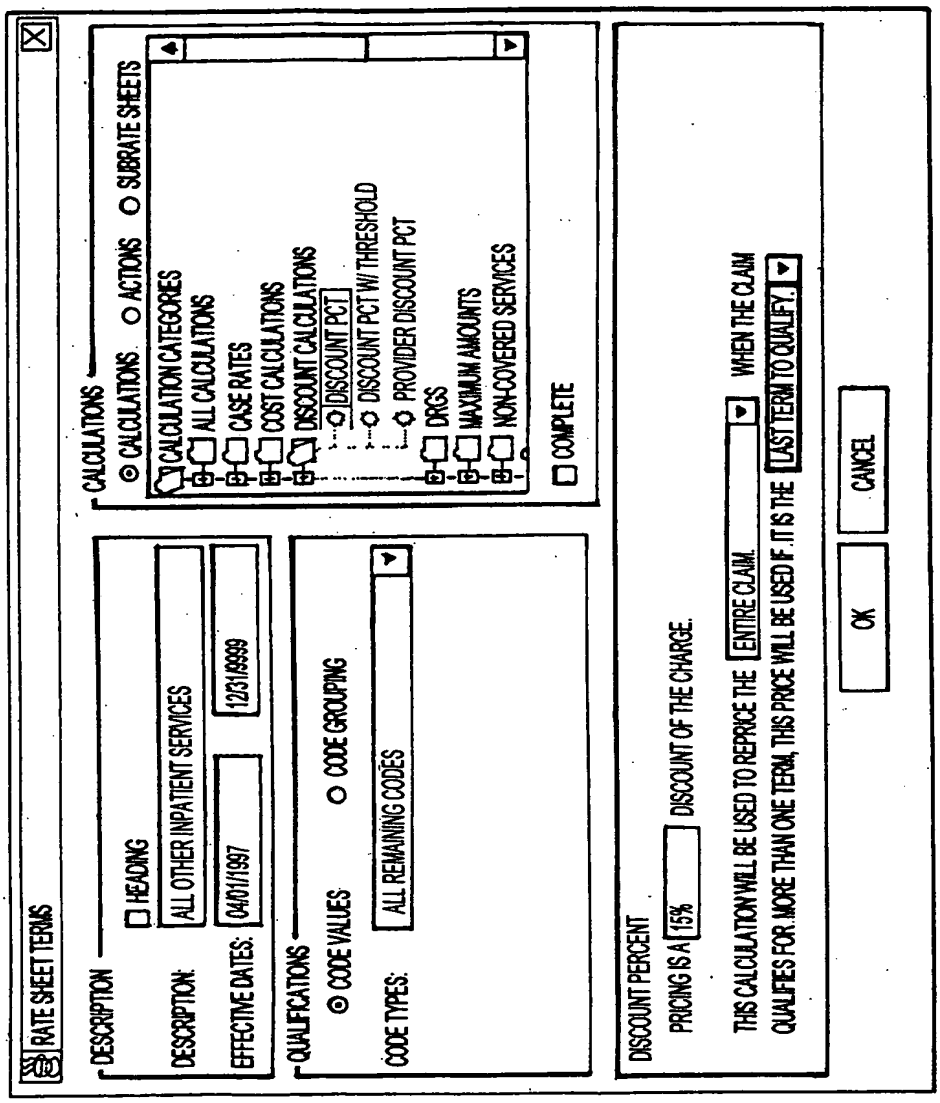
APPROVED O.G. FIG.
BY
DRAFTSMAN
CLASS SUBCLASS
O I P E
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG.15



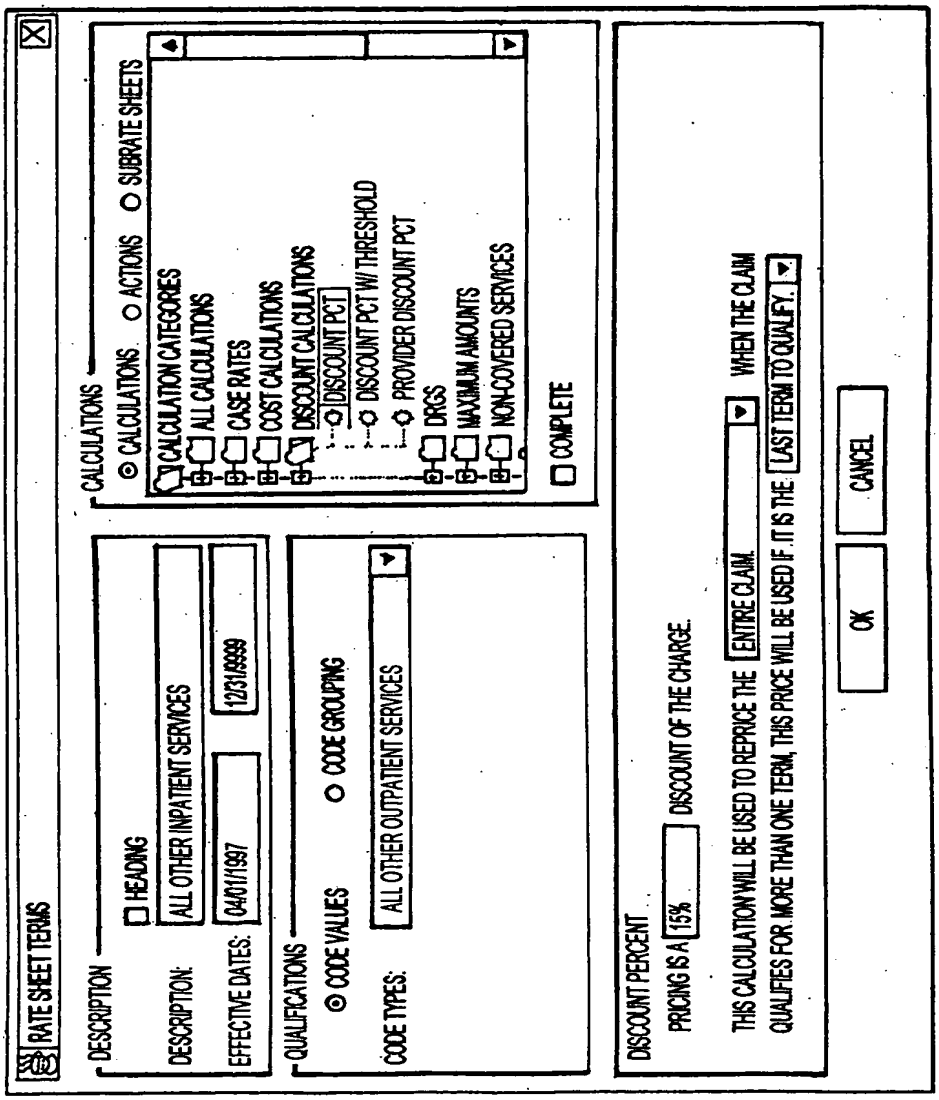
BY
CLASS SUBCLASS
DRAFTS
O.I.P.E. JC19
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG.16



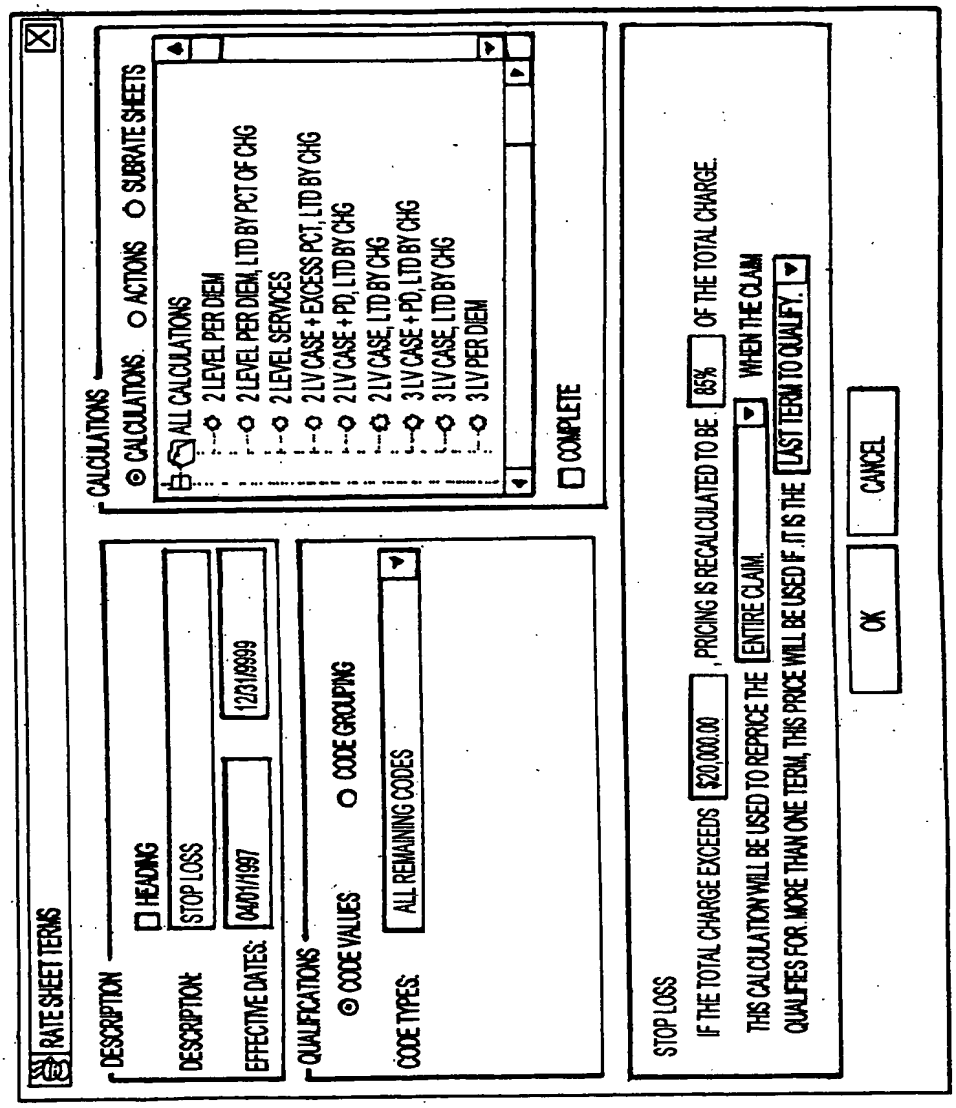
APPROVED O.G. FIG.
BY PROCESS SUBCLASS
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG.17



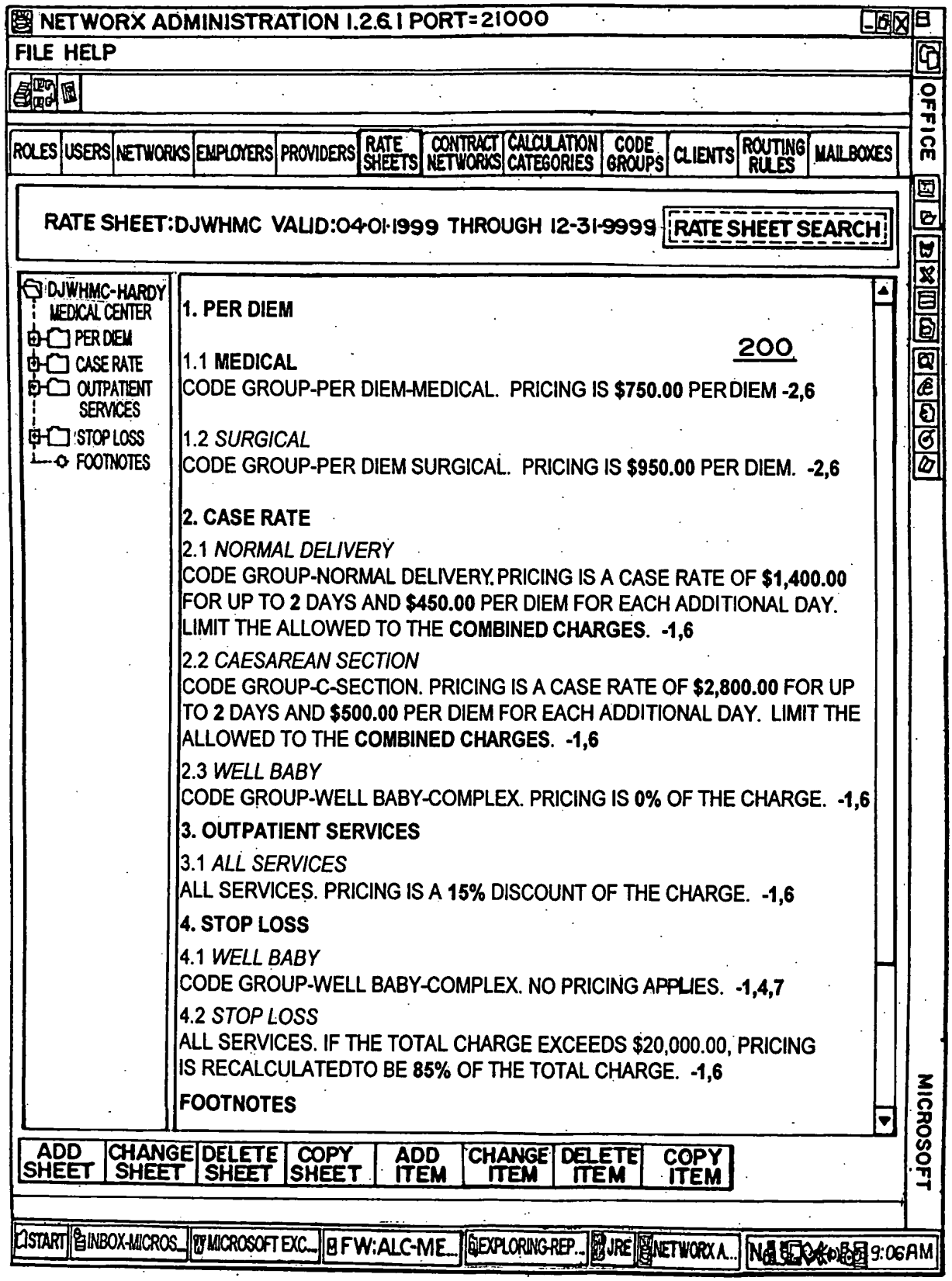
APPROVED O.I.P.E.
BY
DRAFTSMAN
CLASS SUBCLASS
O I P E JC18
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG.18



APPROVED O.G. FIG.
CLASS SUBCLASS
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG.19a



APPROVED
CLASS
SUBCLASS
DRAFTSMAN
NOV 2003
PATENT & TRADEMARK OFFICE

FIG.19b

NETWORX ADMINISTRATION 1.2.6.1 PORT=21000

FILE HELP

ROLES | USERS | NETWORKS | EMPLOYERS | PROVIDERS | RATE SHEETS | CONTRACT NETWORKS | CALCULATION CATEGORIES | CODE GROUPS | CLIENTS | ROUTING RULES | MAILBOXES

RATE SHEET:DJWHMC VALID:04-01-1999 THROUGH 12-31-9999 [RATE SHEET SEARCH]

- DJWHMC-HARDY MEDICAL CENTER
  - PER DIEM
  - CASE RATE
  - OUTPATIENT SERVICES
  - STOP LOSS
  - FOOTNOTES

2. CASE RATE

2.1 *NORMAL DELIVERY*
CODE GROUP-NORMAL DELIVERY. PRICING IS A CASE RATE OF **$1,400.00** FOR UP TO **2** DAYS AND **$450.00** PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE **COMBINED CHARGES**. **-1,6**

2.2 *CAESAREAN SECTION*
CODE GROUP-C-SECTION. PRICING IS A CASE RATE OF **$2,800.00** FOR UP TO **2** DAYS AND **$500.00** PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE **COMBINED CHARGES**. **-1,6**

2.3 *WELL BABY*
CODE GROUP-WELL BABY-COMPLEX. PRICING IS **0%** OF THE CHARGE. **-1,6**

3. OUTPATIENT SERVICES

3.1 *ALL SERVICES*
ALL SERVICES. PRICING IS A **15%** DISCOUNT OF THE CHARGE. **-1,6**

4. STOP LOSS

4.1 *WELL BABY*
CODE GROUP-WELL BABY-COMPLEX. NO PRICING APPLIES. **-1,4,7**

4.2 *STOP LOSS*
ALL SERVICES. IF THE TOTAL CHARGE EXCEEDS $20,000.00, PRICING IS RECALCULATEDTO BE **85%** OF THE TOTAL CHARGE. **-1,6**

FOOTNOTES

1- THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.
2- THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.
3- THIS CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP
4- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.
5- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.
6- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.
7- PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIM/LINE IF IT QUALIFIES UNDER THESE TERMS.

ADD SHEET | CHANGE SHEET | DELETE SHEET | COPY SHEET | ADD ITEM | CHANGE ITEM | DELETE ITEM | COPY ITEM

OFFICE

MICROSOFT

START | INBOX-MICROS... | MICROSOFT EXC... | FW:ALC-ME... | EXPLORING-REP... | JRE | NETWORX A... | MICROSOFT WOR... | 9:07AM

APPROVED O.G. FIG.
BY CLASS SUBCLASS
DRAFTSMAN
NOV 1 1 2003
PATENT & TRADEMARK OFFICE

FIG.20

COMPLETED RATE SHEET

MEDICAL CENTER

1. INPATIENT PER DIEM

1.1 MEDICAL

REVENUE CODES IN PER DIEM - MEDICAL. REPRICE AT $750.00 PER DAY. -2,6

1.2 SURGICAL

REVENUE CODES AND CPT4 PROCEDURE CODES IN PER DIEM - SURGICAL. REPRICE AT $950.00 PER DAY. -2,6

2. INPATIENT CASE RATE

2.1 NORMAL DELIVERY 1-2 DAYS

ICD-9 PROCEDURE CODES IN NORMAL DELIVERY. REPRICE AT $1,400.00 FOR UP TO 2 DAYS. $450.00 PER DEIM, THEREAFTER. -1,6

2.2 C-SECTION

ICD-9 PROCEDURE CODES IN C-SECTION. REPRICE AT $2,800.00 FOR UP TO 2 DAYS. $500.00 PER DIEM THEREAFTER. -1,6

3. INPATIENT SERVICES

3.1 ALL OTHER INPATIENT SERVICES

ALL REMAINING CODES. REPRICE AT 15% OF CHARGES. -2,6

4. OUTPATIENT SERVICES

4.1 ALL OTHER OUTPATIENT SERVICES

ALL REMAINING CODES. PREPRICE AT 15% OF CHARGES. -2,6

5. STOP LOSS

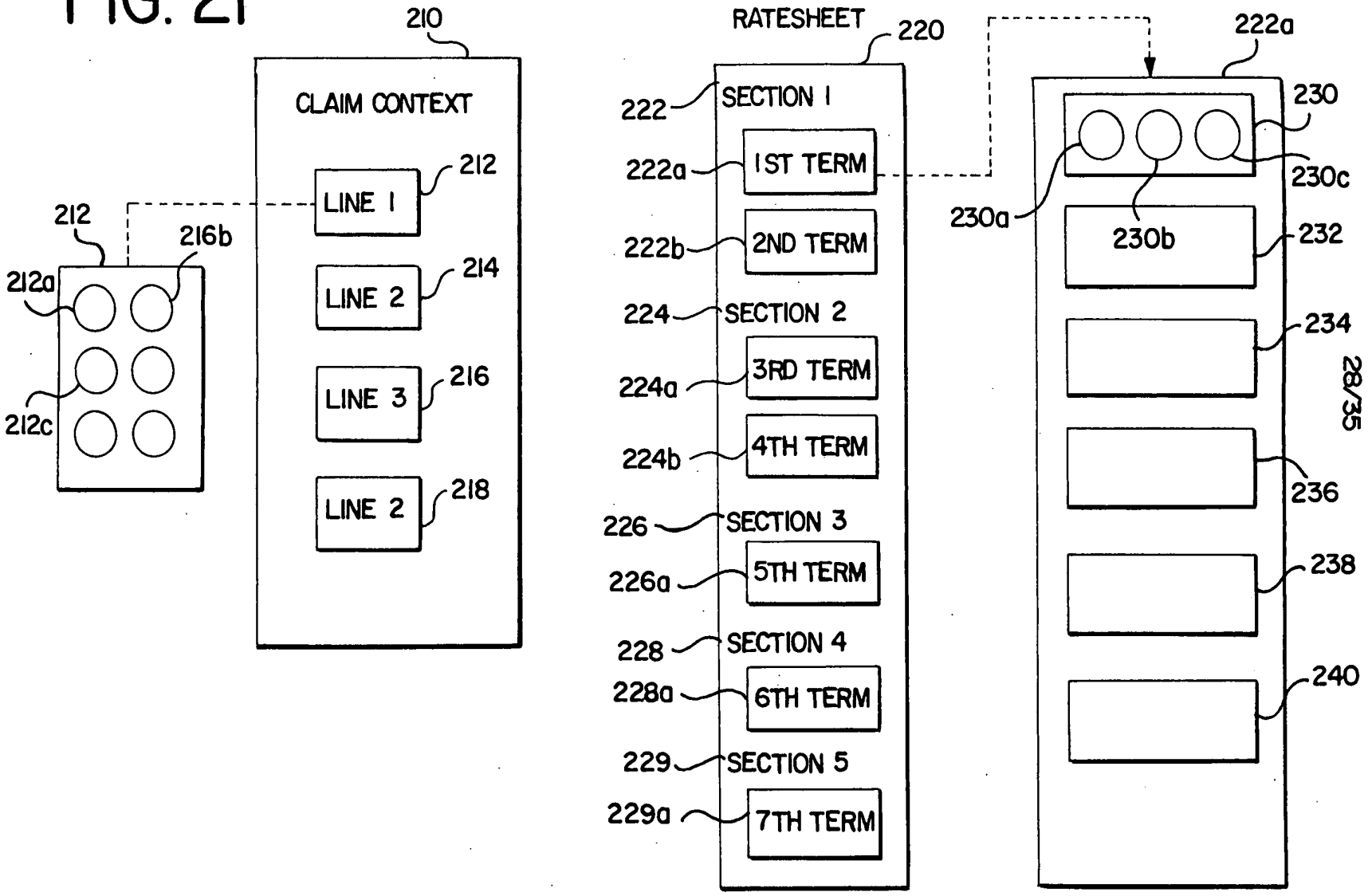
5.1 STOP LOSS

ALL REMAINING CODES. IF REPRICED AMOUNT EXCEEDS $20,000.00 THE CLAIM WILL BE REPRICED AT 85% OF CHARGES. -1,6

FOOTNOTES

1- THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.
2- THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.
3- THIS CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP.
4- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.
5- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.
6- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.
7- PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIM/LINE IF IT QUALIFIES UNDER THESE TERMS.

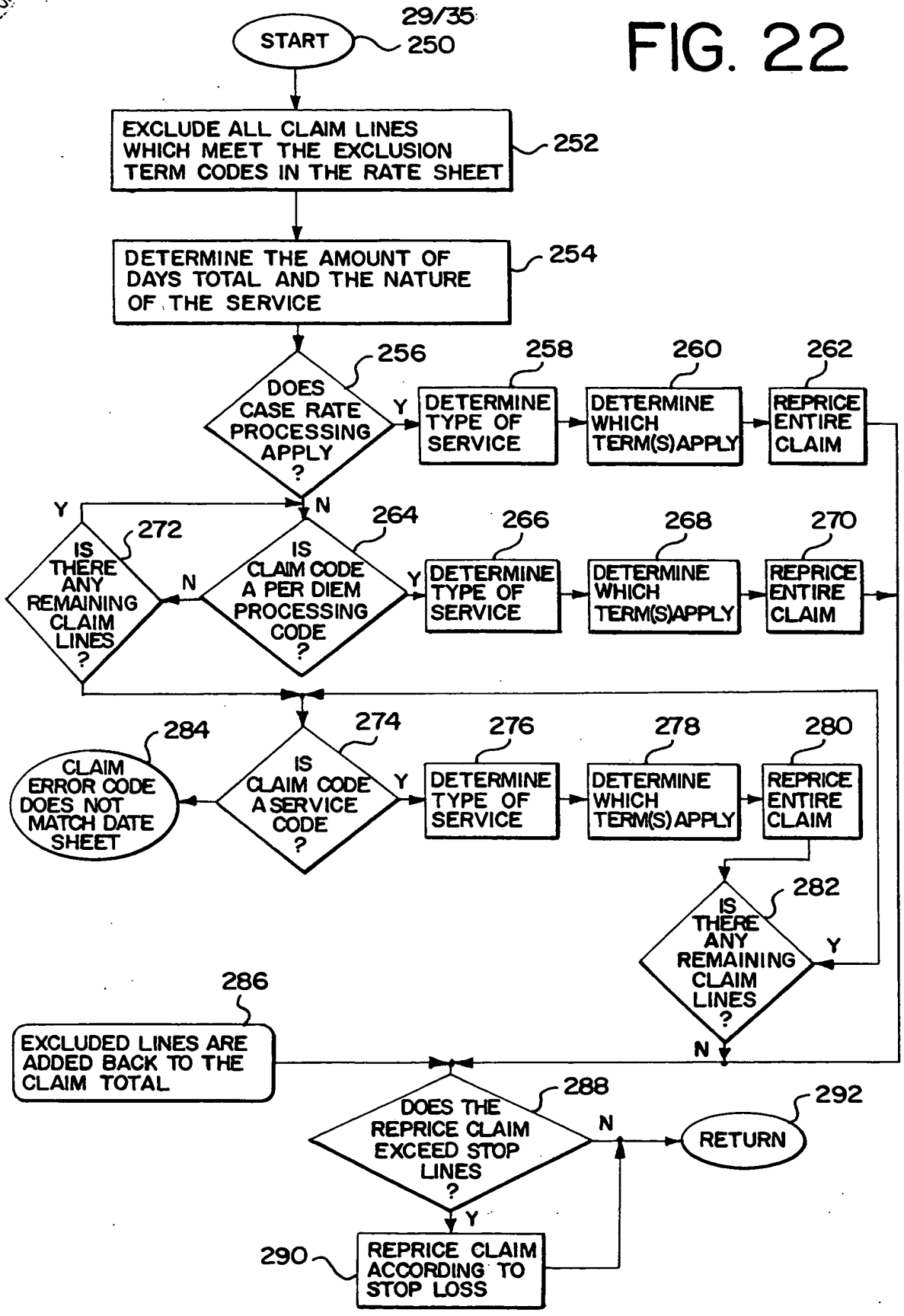
FIG. 21



APPROVED FOR PUBLICATION
BY DRAFTSMAN
CLASS SUBCLASS
PATENT & TRADEMARK OFFICE
NOV 17 2003
TC 1600

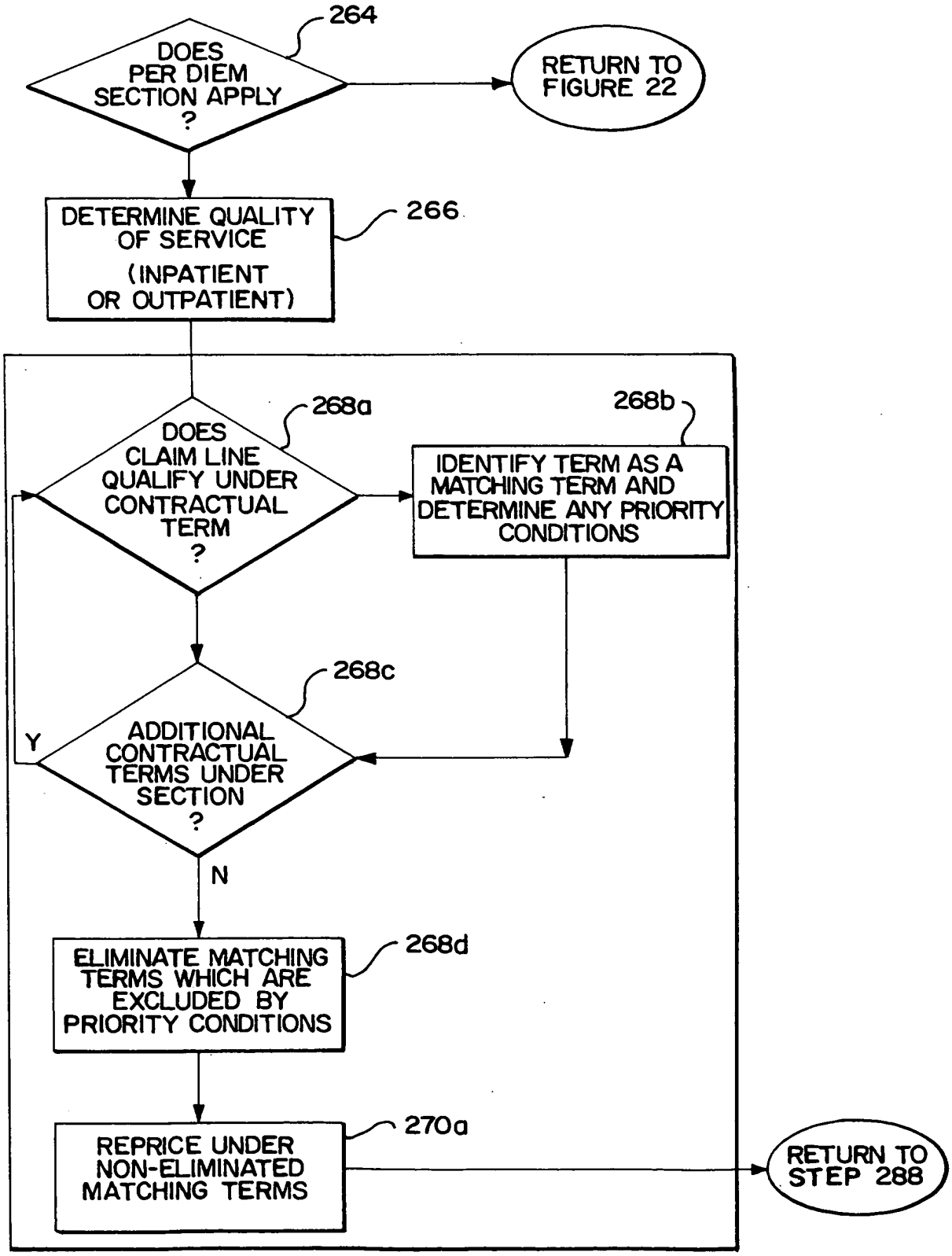
APPROVED O.G. FIG.
BY CLASS SUBCLASS
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG. 22



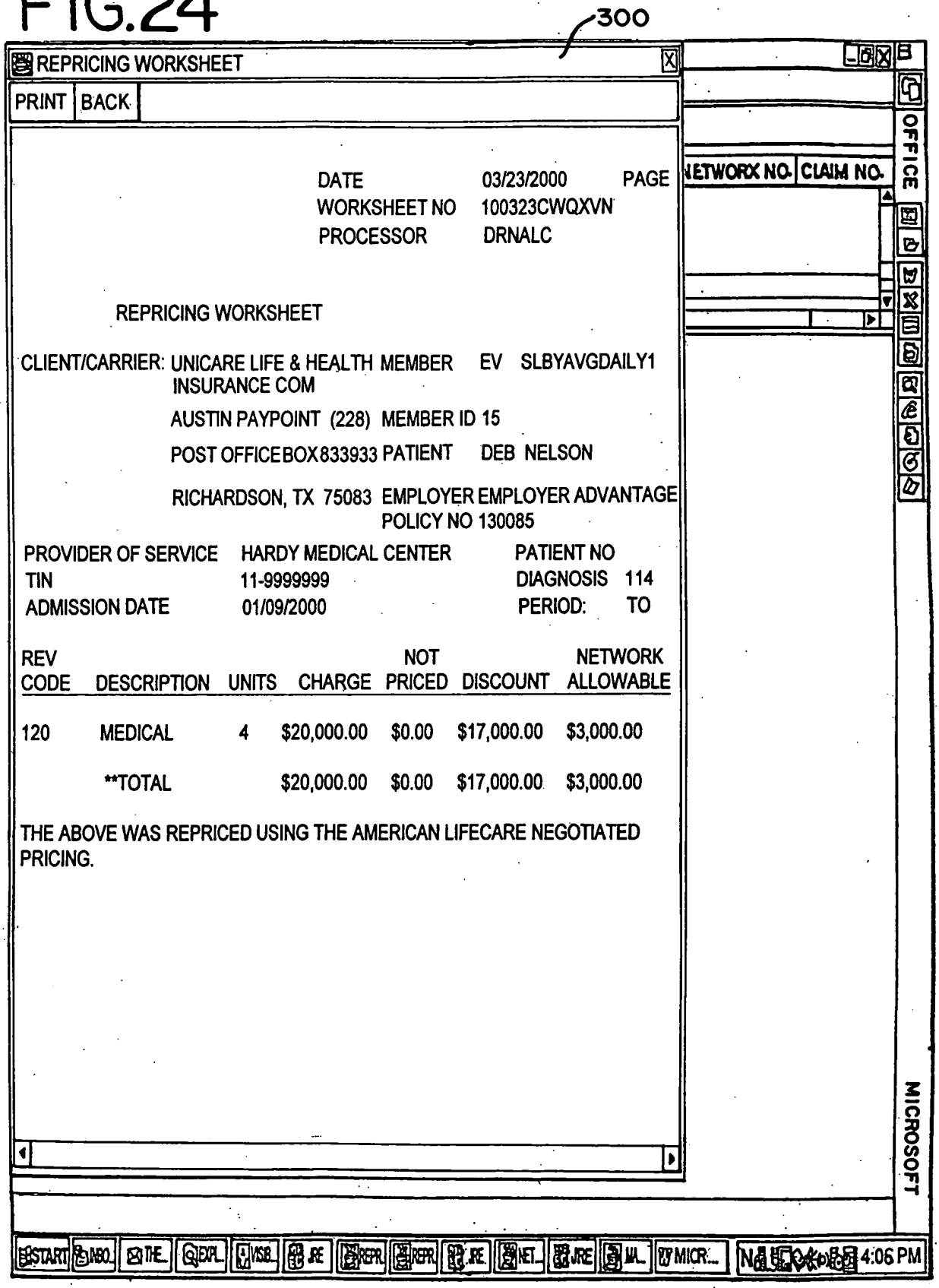
APPROVED O.G. FIG.
CLASS SUBCLASS
BY
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG. 23



APPROVED O.G. FIG.
CLASS SUBCLASS
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG.24



APPROVED O.G. FIG.
CLASS SUBCLASS
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG.25a

MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400

FILE SEARCH HELP

OUTBOX
ERRORS
PROCESSED
ALL

PATIENT	PROVIDER	SERV DATE	RCVD DATE	SBMTR	NETWORX NO.	CLAIM NO.
DAVE, EXAMPLE6	DAVE E. WILLIAMS M.D.	1999-07-12	1999-12-28	DEM	1003220RHJNO	
SLBYMAXLOSMAXDISC4, EV	ST MICHEAL HEALTH CARE CENTER	2000-01-09	2000-02-29	EMALC	100322BHW6NO	
FRESH SLMAXLOSMAXDISC4, ...	ST MICHEAL HEALTH CARE CENTER	2000-01-09	2000-03-22	EMALC	100322C2SLVP	

RECEIVED 02/29/2000 CLAIM NO.

HARDY MEDICAL CENTER
1305 CROWLEY RAYNE HIGHWAY
CROWLEY LA 70526
318-783-3222

3. PATIENT CONTROL NUMBER
4. TYPE OF BILL: 111
5. FED. TAX NO.: 11-9999999
6. STATEMENT COVERS PERIOD: FROM // THROUGH //
7. COV'D 8. N-CD 9. G-ID 10. L-R.D 11

12. PATIENT NAME

LAST	FIRST	MI	STREET	CITY	STATE	ZIP CODE
NELSON	DEB					

14. BIRTHDATE	15. SEX	16. MS	ADMISSION 17. DATE	18. HR	19. TYPE	20. SRC	21. DH	22. STAT	23. MEDICAL RECORD NO	CONDITION CODES 24 25 26 27 28 29 30	31
06/15/1957			01/09/2000								

	32. OCCURRENCE CODE	DATE	33. OCCURRENCE CODE	DATE	34. OCCURRENCE CODE	DATE	35. OCCURRENCE CODE	DATE	36. OCCURRENCE SPAN CODE	FROM	THROUGH	37
												A
												B
												C

38 LAST	FIRST	MI		39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
			a						
			b						
			c						
			d						

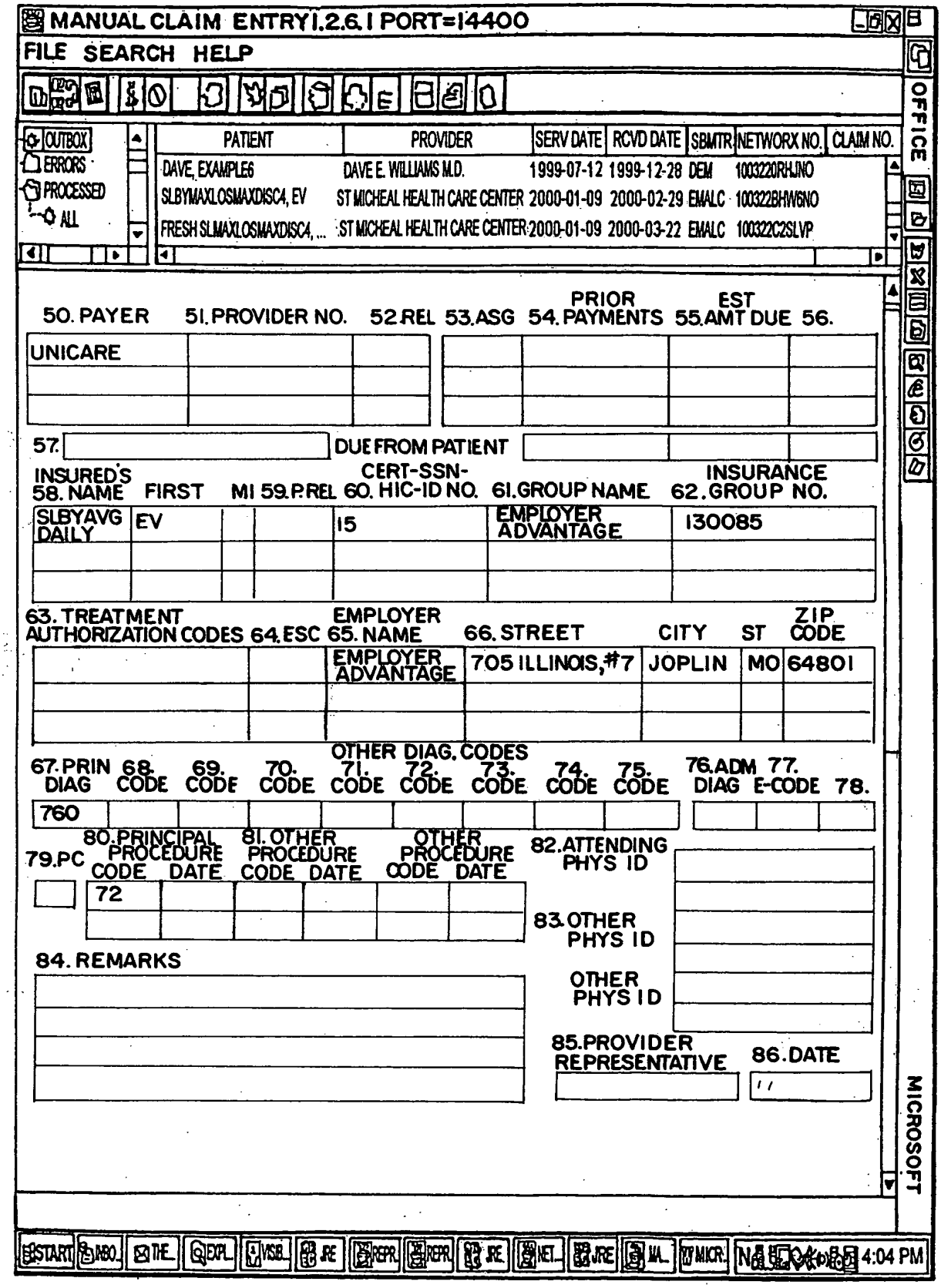
42 REV CODE	43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED	49	COST
120	ROOM-BOARD/SIM			4	$4,000.00			
350	CORONARY CARE OR C			1	$6,000.00			
250	PHARMACY				$10,000.00			
001	TOTAL CHARGES				$20,000.00			

OFFICE
MICROSOFT
PM

START | ABO... | THE... | EXPL... | VISB... | JRE | REPR... | REPR... | STD JRE... | NET... | JRE | ML... | MICR... | 4:04 PM

APPROVED O.G. FIG.
BY CLASS SUBCLASS
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

FIG. 25 b



APPROVED BY DRAFTSMAN NOV 17 2003 O.I.P.E. FIG. CLASS SUBCLASS PATENT & TRADEMARK OFFICE

FIG.26

320

REPRICING WORKSHEET

PRINT | BACK

DATE 03/23/2000 PAGE
WORKSHEET NO 100323CWQXVN
PROCESSOR DRNALC

REPRICING WORKSHEET

CLIENT/CARRIER: UNICARE LIFE & HEALTH INSURANCE COM MEMBER EV SLBYAVGDAILY1
AUSTIN PAYPOINT (228) MEMBER ID 15
POST OFFICE BOX 833933 PATIENT DEB NELSON
RICHARDSON, TX 75083 EMPLOYER EMPLOYER ADVANTAGE
POLICY NO 130085

PROVIDER OF SERVICE HARDY MEDICAL CENTER PATIENT NO
TIN 11-9999999 DIAGNOSIS 780
ADMISSION DATE 01/09/2000 PERIOD: TO

REV CODE	DESCRIPTION	UNITS	CHARGE	NOT PRICED	DISCOUNT	NETWORK ALLOWABLE
120	MEDICAL	4	$20,000.00	$0.00	$17,700.00	$2,300.00
	**TOTAL		$20,000.00	$0.00	$17,700.00	$2,300.00

THE ABOVE WAS REPRICED USING THE AMERICAN LIFECARE NEGOTIATED PRICING.

NETWORX NO. | CLAIM NO.

OFFICE

MICROSOFT

START 4:10 PM

APPROVED O.C. F.G.
CLASS SUBCLASS
BY
DRAFTSMAN
NOV 17 2003
PATENT & TRADEMARK OFFICE

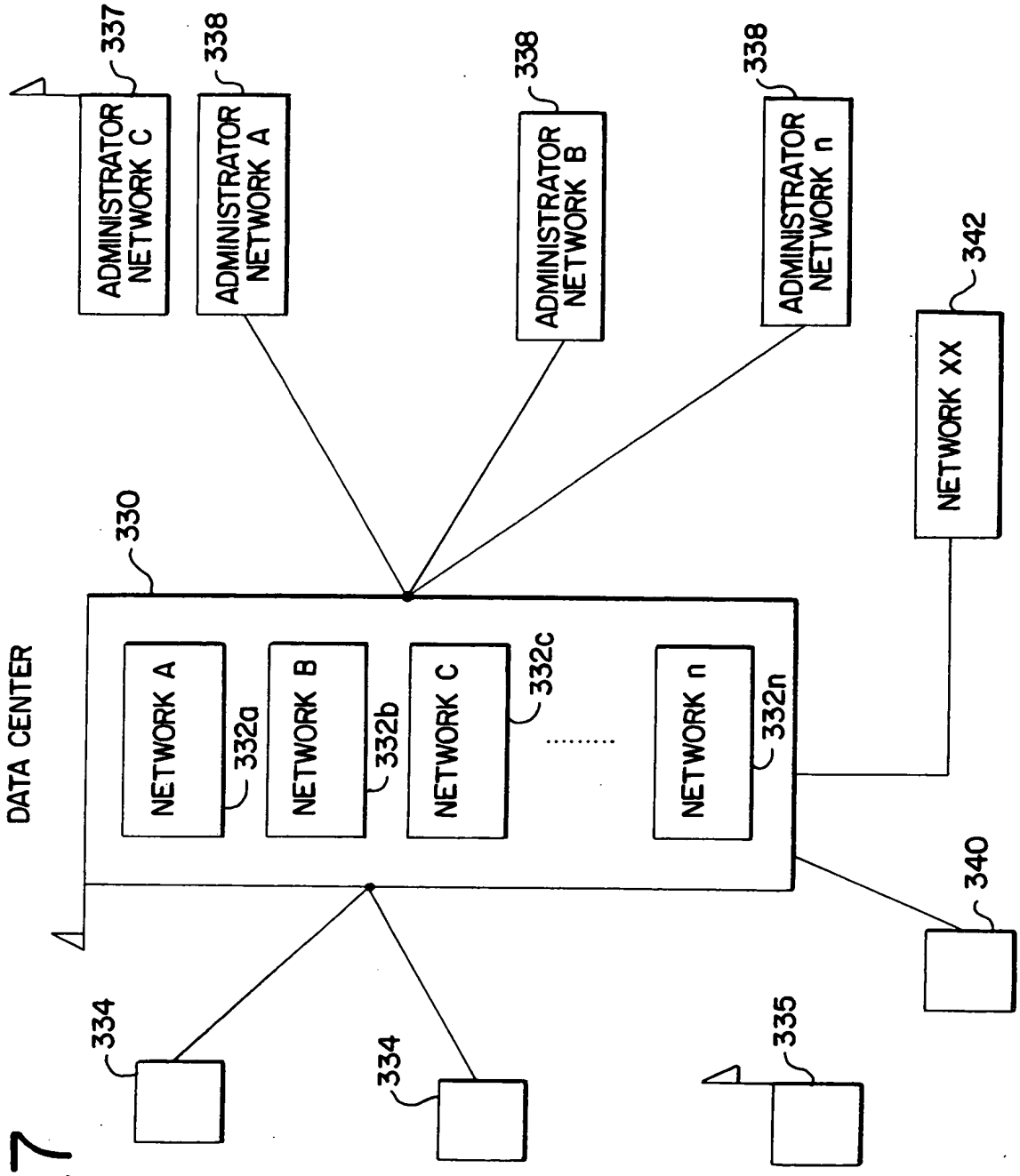


FIG. 27